

Mr. Tommy Warwas
P.O. Box 5765
Lake Charles, LA 70606

May 10, 2012

U.S. Bankruptcy Court
One Bowling Green
New York, New York 10004-1408

Re: Motors Liquidation Company
Case No. 09-50026
Chapter 11
Claim #MLC -0071043 ^(exceed) \$296,900.00
Claim# MLC-0071054 \$296,900.00

Dear Sir:

Enclosed please find copies of my medical bills and records regarding the above referenced claims. Please be advised that I am still currently treating and incurring medical bills to-date. I am submitting these bills and records as my demand for both claims of \$296,900.00. Please file the attached documents in the above referenced bankruptcy.

Thanking you for your assistance in this matter, I remain,

Sincerely,


TOMMY WARWAS

Cc: Stefanie Birbrower Greer

Mr. Tommy Warwas
P.O. Box 5765
Lake Charles, LA 70606

May10, 2012

U.S. Bankruptcy Court
355 Main Street
Poughkeepsie, New York 12601

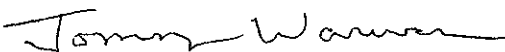
Re: Motors Liquidation Company
Case No. 09-50026
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Dear Sir:

Enclosed please find copies of my medical bills and records regarding the above referenced claims. Please be advised that I am still currently treating and incurring medical bills to-date. I am submitting these bills and records as my demand for both claims of \$296,900.00. Please file the attached documents in the above referenced bankruptcy.

Thanking you for your assistance in this matter, I remain,

Sincerely,


TOMMY WARWAS

Cc: Stefanie Birbrower Greer

requesting enforcement of the Bar Date Orders¹ (the “**276th Omnibus Objection to Claims**”), and that a hearing (the “**Hearing**”) to consider the 276th Omnibus Objection to Claims will be held before the Honorable Robert E. Gerber, United States Bankruptcy Judge, in Room 621 of the United States Bankruptcy Court for the Southern District of New York, One Bowling Green, New York, New York 10004, on **May 31, 2012 at 9:45 a.m. (Eastern Time)**, or as soon thereafter as counsel may be heard.

PARTIES RECEIVING THIS NOTICE SHOULD REVIEW THE 276th OMNIBUS OBJECTION TO CLAIMS AND MOTION REQUESTING ENFORCEMENT OF BAR DATE ORDERS TO SEE IF THEIR NAME(S) AND/OR CLAIM(S) ARE LOCATED IN THE OMNIBUS OBJECTION AND/OR IN EXHIBIT “A” ANNEXED THERETO.

PLEASE TAKE FURTHER NOTICE that any responses to the 276th Objection to Claims must be in writing, shall conform to the Federal Rules of Bankruptcy Procedure and the Local Rules of the Bankruptcy Court, and shall be filed with the Bankruptcy Court (a) electronically in accordance with General Order M-399 (which can be found at www.nysb.uscourts.gov) by registered users of the Bankruptcy Court’s filing system, and (b) by all other parties in interest, on a CD-ROM or 3.5 inch disk, in text-searchable portable document format (PDF) (with a hard copy delivered directly to Chambers), in accordance with the customary practices of the Bankruptcy Court and General Order M-399, to the extent applicable, and served in accordance with General Order M-399 and on (i) Dickstein Shapiro, LLP, attorneys for the GUC Trust, 1633 Broadway, New York, New York, 10019-6708 (Attn: Barry N. Seidel, Esq., and Stefanie Birbrower Greer, Esq.); (ii) the Debtors, c/o Motors Liquidation Company, 401 South Old Woodward Avenue, Suite 370, Birmingham, Michigan 48009 (Attn:

¹ Capitalized terms used herein and not otherwise defined herein shall have the meanings ascribed to such terms in the 276th Omnibus Objection to Claims.

In addition, to the extent your most recent proof(s) of claim **[does]/[do]** not: (a) state the correct amount of your Designated Claim(s); (b) expressly identify each and every cause of action and legal theory on which you base your Designated Claim(s); (c) include current, correct, and complete contact information of your counsel or other representative; or (d) provide all documents on which you rely in support of your Designated Claim(s), you hereby are requested to provide all such information and documentation with your Claimant's Response.

If you do not return this ADR Notice with the requested information and a Claimant's Response to the Settlement Offer to **[the GUC Trust's Representative]** so that it is received by the Deadline to Respond, your Designated Claim(s) will be subject to mandatory mediation as set forth in Section II.B of the ADR Procedures.

IN ADDITION, YOU ARE REQUIRED TO INDICATE EXPRESSLY WHETHER YOU CONSENT TO **BINDING ARBITRATION** IF YOUR DESIGNATED CLAIM(S) CANNOT BE SETTLED. PLEASE MARK THE BOX BELOW INDICATING WHETHER YOU (i) CONSENT TO **BINDING ARBITRATION** OR (ii) **DO NOT** CONSENT TO (AND SEEK TO **OPT OUT OF**) **BINDING ARBITRATION**. PLEASE NOTE THAT YOUR CONSENT TO **BINDING ARBITRATION** CANNOT SUBSEQUENTLY BE WITHDRAWN. IN ADDITION, ANY ATTEMPT TO OPT OUT OF **BINDING ARBITRATION** IN THE RESPONSE TO THIS ADR NOTICE SHALL BE INEFFECTIVE IF YOU PREVIOUSLY HAVE CONSENTED IN WRITING (EITHER PREPETITION OR POSTPETITION) TO **BINDING ARBITRATION** AS A MEANS TO RESOLVE YOUR CLAIM(S).

Details about the arbitration process, including the sharing of fees, are set forth in Section II.C of the ADR Procedures.

YOU MUST RESPOND TO THE FOLLOWING SETTLEMENT OFFER:

Settlement Offer: The GUC Trust offers you an allowed general unsecured, nonpriority claim in the amount of \$_____ against **[Name of Debtor]** in full satisfaction of your Designated Claim(s), to be satisfied in accordance with the Debtors' Second Amended Joint Chapter 11 Plan.

The only permitted response (the "**Claimant's Response**") to the Settlement Offer are (a) acceptance of the Settlement Offer or (b) rejection of the Settlement Offer coupled with a counteroffer (a "**Counteroffer**"). Accordingly, please select your Claimant's Response below:

Please indicate below if you accept or reject the GUC Trust's Settlement Offer by marking the appropriate box. If you reject the Settlement Offer, please make your counteroffer where indicated.

☐ I/we agree to and accept the terms of the Settlement Offer.

or

☐ I/we reject the Settlement Offer. However, I/we will accept, and propose as a Counteroffer, the following allowed claim in full satisfaction of the Designated Claim(s), to be satisfied in accordance with the Debtors' Second Amended Joint Chapter 11 Plan.

prior Brandy General Motors
866-790-5600 ext 31065
Claim na 71-800293829

Brandy
ref: motors Liquidation Company
Alan: 1-800-414-9603
Case # 685891

Firma ~~800-222-2222~~
866-790-5700 ext 22330

my claim was before their deadline

Defect Transmission locked up at
(441 miles bought car 07 corvette new.)
Transmission locked up at approx
8000 miles at the time of the accident,
also not one air bag went off.
Causing injuries.

Thank you
Tommy Warner

THE STATE OF TEXAS

JUSTICE OF THE PEACE

VS.

PCT. 1 , PLACE 1


WARWAS JR., TOMMY EDWARD

COUNTY OF ORANGE

JUDGMENT

CAME ON to be heard this the 15th day of July , 2009 ,
the above styled case and cause, wherein a plea of NOT GUILTY to
the accusation contained in the complaint was entered for the
Defendant in person and/or by and through their attorneys. The
Court found that the case should be dismissed due to insufficient
evidence for the offense of:
UNSAFE SPEED (TOO FAST FOR CONDITIONS)

IT IS THEREFORE the Judgement of this Court that ORANGE
County does not have and recover of the defendant the sum of
\$195.00, and that the case is therefore dismissed.



PRESIDING JUDGE
ORANGE County, Texas



Medicare Summary Notice

June 04, 2011

TOMMY E. WARWAS
P O BOX 5765
LAKE CHARLES LA 70606-5765

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-2749A

If you have questions, call 1-800-Medicare
(1-800-633-4227)(#52280)

Ask for Hospital Services
TTY for hearing impaired: 1-877-486-2048

Appeals Address: Please see the General Information Section.

BE INFORMED: You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 03/25/2011 through 05/11/2011.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21108100312502NTA 03 Southwest Louisiana Hospital As 1701 Oak Park Blvd Lake Charles, LA 70601 Referred by: Ameer Khan						a,b,c
02/09/11	Routine venipuncture (36415)	\$12.50	\$0.00	\$0.00	\$0.00	d
	Metabolic panel total ca (80048)	127.00	0.00	0.00	0.00	d
	Lipid panel (80061)	53.50	53.50	0.00	53.50	e
	Hepatic function panel (80076)	134.50	0.00	0.00	0.00	d
	Complete cbc w/auto diff wbc (85025)	43.00	43.00	0.00	43.00	f
	Claim Total	\$370.50	\$96.50	\$0.00	\$96.50	
Control number 21110100574502NTA 03 Southwest Louisiana Hospital As 1701 Oak Park Blvd Lake Charles, LA 70601 Referred by: Ameer Khan						b,c,g
03/07/11-03/31/11	TENS suppl 2 lead per month (A4595)	\$53.50	\$53.50	\$0.00	\$0.00	h,i

(continued)

THIS IS NOT A BILL - Keep this notice for your records.

0804000000

Your Medicare Number: XXX-XX-2749A

Page 02 of 07
June 04, 2011

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
03/07/11-03/31/11	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
(continued)						

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Your Medicare Number: XXX-XX-2749A

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June 04, 2011

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
03/07/11-03/31/11	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	200.67	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	85.83	0.00	15.86	15.86	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Pt evaluation (97001)	169.36	0.00	0.00	0.00	i,k
	Pt evaluation (97001)	70.14	0.00	14.03	14.03	
Claim Total		\$3,326.50	\$746.50	\$135.40	\$135.40	
Control number 21112500291402NTA 03						
Southwest Louisiana Hospital As						b,c,m
1701 Oak Park Blvd						
Lake Charles, LA 70601						
Referred by: Ameer Khan						
04/07/11-04/27/11	Elec stim other than wound (G0283)	\$48.88	\$0.00	\$0.00	\$0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
						(continued)

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Your Medicare Number: XXX-XX-2749A

Page 04 of 07
June 04, 2011

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
04/07/11-04/27/11	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
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	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
Claim Total		\$1,804.00	\$441.00	\$70.54	\$70.54	

Notes Section:

- a The amount Medicare paid the provider for this claim is \$17.87.
- b This information is being sent to your private insurer(s).
Send any questions regarding your benefits to them.

(continued)

0807000000

Your Medicare Number: XXX-XX-2749A

Page 05 of 07
June 04, 2011

Notes Section: (continued)

- c This information is being sent to Medicaid. They will review it to see if additional benefits can be paid.
- d This service is paid at 100% of the Medicare approved amount.
- e The following policies 190.23
were used when we made this decision. If the policy begins with 40, use the October 2004 version. If the policy begins with 190.xx use the January 2005 version. This information can be found at CMS's web site at: www.cms.hhs.gov/coverage/labindexlist.asp#coding If the policy begins with an L, it is a local policy, and you can contact your intermediary for more information.
- f The following policies 190.15
were used when we made this decision. If the policy begins with 40, use the October 2004 version. If the policy begins with 190.xx use the January 2005 version. This information can be found at CMS's web site at: www.cms.hhs.gov/coverage/labindexlist.asp#coding If the policy begins with an L, it is a local policy, and you can contact your intermediary for more information.
- g The amount Medicare paid the provider for this claim is \$541.46.
- h The provider billed this charge as non-covered.
- i You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column.
- j The approved amount is based on a special payment method.
- k This amount is the difference in billed amount and Medicare approved amount.
- l Medicare does not pay separately for this service.
- m The amount Medicare paid the provider for this claim is \$282.12.

0808000000

Your Medicare Number: XXX-XX-2749A

Page 06 of 07
June 04, 2011

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

NOTICE:

Please send written appeal requests to:

Wisconsin Physicians Service, Medicare, P.O. Box 1602, Omaha, NE 68101.

Only appeals related correspondence sent to this address will be answered. For general inquiries, please call 1-800-MEDICARE (1-800-633-4227).

The Pap test is the most effective way to screen for cervical cancer.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

0809000000

Your Medicare Number: XXX-XX-2749A

Page 07 of 07
June 04, 2011

General Information (continued):

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Appeals Information - Part B (Outpatient)

If you disagree with any claims decisions on either PART A or PART B of this notice, your appeal must be received by October 07, 2011.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
(You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number: _____

0810000000



AL0640156702
WARWAS,TOMMY E
AL.EDMAIN
BURTON,JOHN M MD

Patient Visit Information

Staff

Your caregivers today were:

Physician	BURTON,JOHN M MD
Practitioner	DAVID GUILLORY
Nurse	AWF

Patient Instructions Reviewed

Contusion
Motor Vehicle Accident

received 03/15/09 - 1813

Activity Restrictions or Additional Instructions

FOLLOW UP WITH ORTHOPEDIC MD THIS WEEK IF NOT BETTER OR RETURN HERE IF WORSE.
TAKE MEDICATION AS DIRECTED. USE ICE - NO HEAT.

Medication Dose and Instructions

Naproxen Ec (Naprosyn Ec) 1 TAB, ORAL TWICE A DAY, #30

Follow-up

WARWAS,TOMMY E has been referred to the following clinics/specialists for follow up care:

UNASSIGNED,ED

GOOLSBY,HENRY J III MD
501 DR. MICHAEL DEBAKEY DRIVE
LAKE CHARLES, LA 70601
Ph: (337) 433-8400
Fax: (337) 312-8411

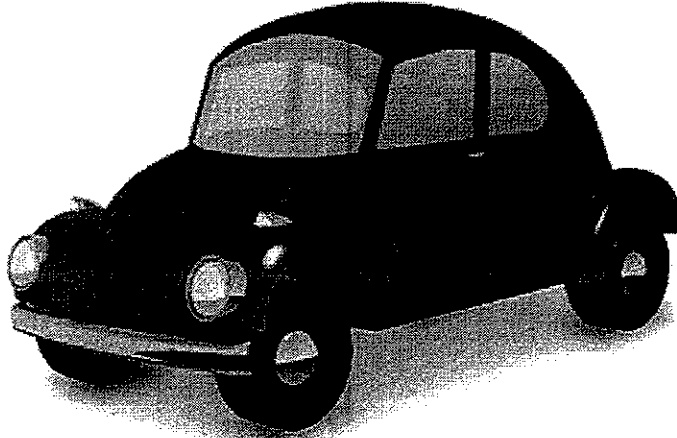


AL0640156702
WARWAS, TOMMY E
AL. EDMAIN
BURTON, JOHN M MD

Motor Vehicle Accident

Motor vehicle accidents are one of the leading causes of injuries. Even a low-speed (5-10 mph) crash with little or no vehicle damage can result in some minor injuries.

Injuries caused by motor vehicle accidents range from minor cuts, bruises, and scrapes to back and neck injuries (such as strained neck muscles), broken bones, head injuries (like a *concussion*, which affects thinking and balance), and severe internal injuries (to the chest or abdominal organs).



Signs and symptoms of an injury from a crash may include neck pain and stiffness, headaches, chest pain, difficulty breathing, abdominal pain, dizziness, loss of balance, ear ringing, blurred vision, memory problems, difficulty concentrating, moodiness, tiredness, sleep problems, upper or lower back pain, and arm, hand, leg, or foot pain.

Anyone can be injured in a motor vehicle accident, but children are hurt more frequently. Most injuries occur from not using the proper safety restraints (seatbelts, carseats, etc.). A child not properly restrained or sitting in an adult's lap can receive serious injuries, even at low speeds or during sudden stops.

Most minor accidents result in little, if any, serious injury. They usually cause strained muscles and bruises, which go away in a few days. Treatment for more serious injuries depends on the type and severity of the injury and the parts of the body involved. This may include casting of broken bones, short or long term physical therapy, surgery, and "watchful waiting." It can take days or even weeks for some injuries to appear, and some that don't seem too serious may get worse over time. A follow-up with your primary care doctor is very important.

Home Care

- If the doctor prescribed any medications, take them exactly as prescribed.
- Make a follow-up appointment with your primary care doctor (or recommended specialist) as soon as possible.
- Take only medications that your/your child's doctor has approved.
- If you are a pregnant woman, see your obstetrician as soon as possible.
- Watch for signs of *whiplash* (sudden neck strain), particularly neck, shoulder, or back pain or stiffness, and pain or numbness in the hands.
- Don't drink alcohol or take recreational drugs.
- Get plenty of rest during the day and sleep at night.
- Resume normal activities slowly.
- Ask your doctor when you can drive a car or operate any other equipment that requires

a quick reaction.

- Tell your child's school, daycare provider, etc. what to watch for and which activities to restrict.
- If you or your child had a head injury:
 - Watch for signs of concussion, including confusion, headache, dizziness, vomiting, loss of balance, double or fuzzy vision, and memory or concentration problems.
 - Make sure someone stays with you/your child for at least the first 24-48 hours after the accident.
 - Write things down if you need help remembering.
 - Until the doctor says it's okay, avoid sports and activities that can result in another head injury.

Prevention

- Obey all speed limits and traffic laws.
- Drive *defensively* (trying to avoid risk and danger) and with courtesy (respectful and polite to others)
- Don't be distracted while driving by using a cell phone, eating, reading, watching TV, or applying makeup.
- Always wear a seat belt, and have children wear the proper safety restraints according to federal standards.

When to Call the Doctor

Call emergency medical help right away, if you or your child:

- have chest pain or difficulty breathing
- develop abdominal pain
- has a sudden, severe headache or headaches that get worse
- has difficulty speaking or seeing
- can't move or feel part of the body
- feel weak or numb in any part of the body
- has coordination/balance problems that get worse
- has slurred speech
- cannot be awakened from sleep
- have blood in the urine

Call the doctor, or go to the Emergency Department, right away if you or your child:

- develop new or worsening symptoms
- vomits more than once
- has clear fluid draining from the nose or ears
- can't be comforted or won't stop crying (children)
- don't want to eat or drink

If you are a pregnant woman and have any of the following, call your doctor or go to the Emergency Department right away:

- labor contractions
- abdominal pain
- bleeding from your vagina
- blood clots, white or gray tissue, or fluid passing from your vagina

Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.



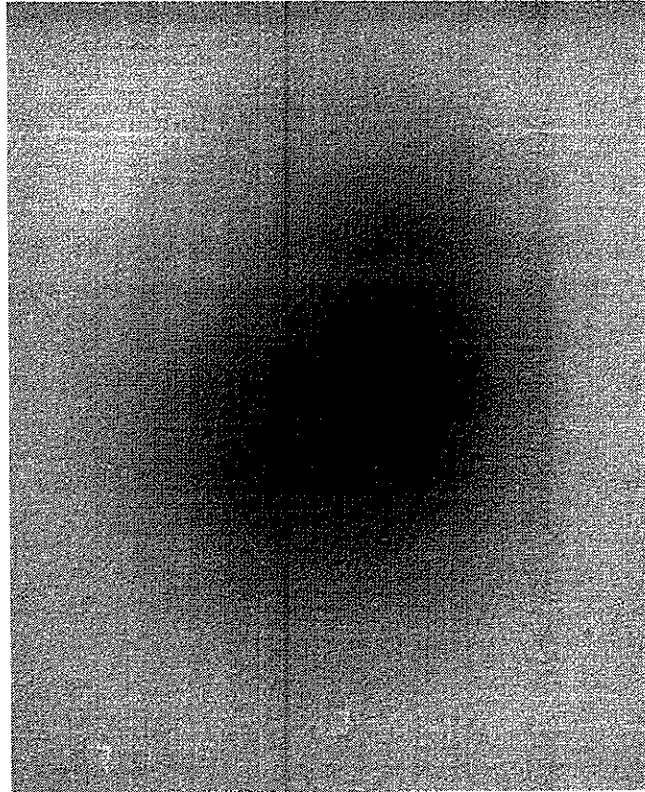
AL0640156702
WARWAS, TOMMY E
AL. EDMAIN
BURTON, JOHN M MD

Contusion (Bruise)

A contusion, or bruise, is an injury that doesn't break the skin but causes discoloration (a "black and blue" area). It forms when the small blood vessels near the skin surface break and leak blood under the skin.

Most bruises are caused by bumping into or being struck by something, usually during sports, fights, falls, or physical work (like home repairs). Some people bruise more easily than others. Certain medications (like blood thinners) and medical conditions (such as blood clotting problems and blood related diseases) can also cause people to bruise more easily.

The first signs and symptoms of a bruise are usually a red or purple bump with pain and possibly swelling. Sometimes a bruise can cause enough pain and swelling that the affected area (like a leg) is hard to move. After a day or so, the bruise may look blue or even black. It may then turn green, yellow, and brown until it fades away around a week or two later.



Treatment for most bruises focuses on reducing pain and swelling while the body heals on its own. Bruising associated with a medication, medical condition, or serious injury requires a follow-up with a primary care doctor (or recommended specialist).

Home Care

- Take over-the-counter and prescription medications for pain, swelling, and discomfort, as directed by the doctor. *Don't take or give aspirin or any aspirin-containing products unless your doctor says it's okay.*
- Make a follow-up appointment with your primary care doctor or a recommended specialist.
- Don't rub or massage the bruised area. It can make the pain and swelling worse and lead to other problems.
- Use **RICE** therapy to reduce pain and swelling and aid healing, as follows:
 - **R**-est the affected area as much as you can. Protect it from further injury and start using it again slowly.
 - **I**-ce the bruise for the first 48 hours. Apply an ice pack for 20 minutes on, then 20 minutes off. After 48 hours, use a heating pad for 20 minutes on then off.
 - **C**-ompress the bruised area by lightly wrapping it with an elastic bandage.
 - **E**-levate the injured area above or level with your heart, as much as possible.

Prevention

- Wear the proper protective gear while participating in sports and other activities that may cause an injury.
- Take special care to avoid injury if you are taking a blood thinning medication or have blood clotting problems or a blood related disease.

When to Call the Doctor

Call your doctor, or go to the Emergency Department, if you develop:

- fever
- a red, swollen, or painful joint
- a bruise from a very light bump or for no obvious reason
- bruises and are taking a blood thinning medication or have blood clotting problems or a blood related disease
- bleeding from your nose or gums, or have blood in your eyes, urine, or stool
- any worsening symptoms

Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT / SUPPLEMENT



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714
Questions? Call: 512/486-5780

Form CR-3
(Rev. 03/08)
(GSD-EPC)

PAGE 3 OF 4

PLACE WHERE CRASH OCCURRED COUNTY <u>ORANGE</u> CITY OR TOWN <u>ORANGE</u>		LOC# _____ ORI# <u>TX DPS 04X1</u> TxDOT# _____	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____			
ROAD ON WHICH CRASH OCCURRED BLOCK NUMBER _____ STREET OR ROAD NAME <u>IH-10</u> ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPEED LIMIT <u>70</u>	
INTERSECTING STREET OR RR XING NUMBER BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
NOT AT INTERSECTION <u>.1</u> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <u>SIMMONS DR</u>		MILEPOST <u>878</u> LATITUDE <u>30.118A</u> LONGITUDE <u>93.435A</u>	
DATE OF CRASH <u>MARCH</u> <u>13</u> <u>09</u> DAY OF WEEK <u>FRIDAY</u> HOUR <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM IF EXACTLY NOON OR MIDNIGHT, SO STATE			
UNIT # <u>3</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
VIN# <u>1NXB1232E28Z041514</u>		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
YEAR MODEL <u>2008</u>	COLOR & MAKE <u>GREEN/TOYOTA</u>	MODEL NAME <u>COROLLA</u>	BODY STYLE <u>4 DR SED</u>
DRIVER'S NAME <u>RIVERA, RICHARD ELLIS</u>		ADDRESS (STREET, CITY, STATE, ZIP) <u>9935 MEMORIAL CROSS TOMBALL, TX. 77375</u>	
DRIVER'S LICENSE <u>TX</u> <u>00169690</u> CLASS/TYPE <u>C</u> ENDORSEMENTS _____		LICENSE STATUS <u>1</u> 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u> TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS _____	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>FARMERS</u> 1-800-225-0011		VEHICLE DAMAGE RATING <u>12-FD-1</u>	
POLICY NUMBER <u>1904195-92-85</u>			
UNIT # <u>4</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
VIN# <u>1FTPW14V38FB96128</u>		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
YEAR MODEL <u>2008</u>	COLOR & MAKE <u>BLUE/FORD</u>	MODEL NAME <u>F150</u>	BODY STYLE <u>PICKUP</u>
DRIVER'S NAME <u>LEBO, JUSTIN W.</u>		ADDRESS (STREET, CITY, STATE, ZIP) <u>36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450</u>	
DRIVER'S LICENSE <u>LA</u> <u>006792516</u> CLASS/TYPE <u>E</u> ENDORSEMENTS _____		LICENSE STATUS <u>1</u> 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u> TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS _____	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>LA AUTO INSURANCE</u> 1-886-850-1051		VEHICLE DAMAGE RATING <u>12-FD-1</u>	
POLICY NUMBER <u>A W00170</u>			
DAMAGE TO PROPERTY OTHER THAN VEHICLES _____			
SEE PAGE 1 OF 4			
OBJECTS _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____			
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CHARGES FILED			
NAME <u>SEE PAGE 1 OF 4</u>		CITATION# _____	
NAME _____		CITATION# _____	
TIME NOTIFIED OF CRASH <u>3/13/09</u> <u>3:05 PM</u> HOW <u>DPS BEAUMONT</u>	TIME ARRIVED AT SCENE <u>3/13/09</u> <u>3:15 PM</u>	DATE OF REPORT <u>3/13/09</u>	
TYPED OR PRINTED NAME OF INVESTIGATOR <u>S MOSES</u> ID# <u>11877</u> AGENCY <u>DPS/THP</u>		DIST/AREA <u>2B08</u> REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Form CR-3
(Rev. 03/09)

SEAT POSITION 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT 7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN		SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOICIT, N=NO SOICIT)		EJECTED 1-N/O 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN		RESTRAINT USED 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN 7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN		AIRBAG 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN		HELMET USE 1-NOT DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN		INJURY SEVERITY 1-KILLED 2-INCAPACITATING INJURY 3-NON INCAPACITATING INJURY 4-POSSIBLE INJURY 5-NOT INJURED 6-UNKNOWN	
---	--	--	--	---	--	--	--	--	--	---	--	---	--

UNIT # 1	TOWED DUE TO DISABLING DAMAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO 16527 SH 62 ORANGE, TX. 77630	BY HQ-109 N GILBEAUX'S 409-886-0007
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ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	WARWAS JR., TOMMY EDWARD		368 VANESSA AVE. LAKE CHARLES, LA. 70605	N	1	1	3	4	51	M	N
2												
3												
4												
5												

UNIT # 2	TOWED DUE TO DISABLING DAMAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO 909 12TH ST. LAKE CHARLES, LA. 70605	BY HQ-109 N HEBERT, D. 327-304-4802
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ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	HEBERT, DUSTIN JOHN		7950 CLEARVIEW DR. LOT 29 LAKE CHARLES, LA. 70605	N	1	1	2	4	25	M	N
7												
8												
9												
10												

PED. PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULTS	DRUG SPECIMEN TAKEN	RESULTS	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW				
ITEM#	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT	

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)											
ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

UNIT 1 WAS TRAVELING IN THE INSIDE LANE OF IH-10 EASTBOUND. UNITS 2,3, AND 4 WERE TRAVELING ON IH-10 EASTBOUND IN THE OUTSIDE LANE. UNIT 1 TRAVELING AT AN UNSAFE SPEED (UNDER LIMIT) FOR THE WEATHER CONDITIONS LEFT THE ROADWAY, AND STRUCK THE GUARDRAIL CABLE SYSTEM WITH IT'S FRONT DISTRIBUTED. THE DEBRIS FROM THE IMPACT STRUCK UNITS 2,3, AND 4.

WITNESSES:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT#	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY NOT HAVE CONTRIBUTED	ON WHAT VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	60			
2				

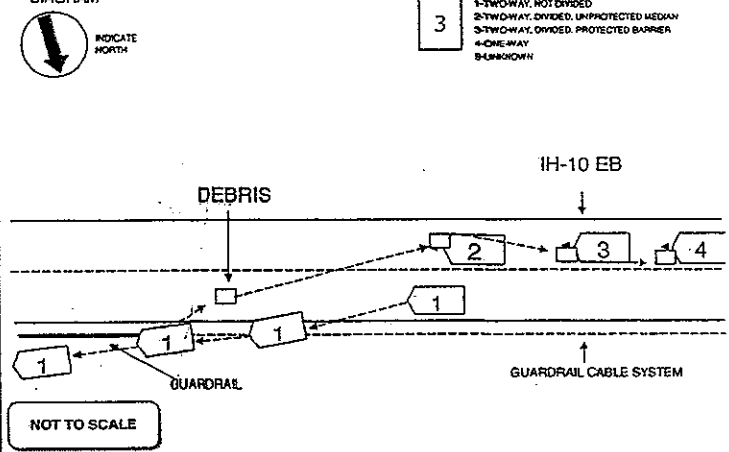
1-NORMAL OR ROAD-DOMESTIC
2-NORMAL OR ROAD-INDUSTRIAL
3-NORMAL WITHOUT SAFETY
4-CHANGED LANE WHEN UNSAFE
5-SEE VEHICLE DEFECTS
14-DISABLED IN TRAFFIC LANE
15-DISREGARD STOP AND GO SIGNAL
16-DISREGARD STOP SIGN OR LIGHT
17-DISREGARD TURN SIGNALS AT INTERSECTION
18-DISREGARD WARNING SIGN AT CONSTRUCTION
19-DISTRACTION IN VEHICLE
20-DRIVER INATTENTION
21-CHOWE WITHOUT HEADLIGHTS
22-FAILED TO CONTROL SPEED
23-FAILED TO DRIVE IN SINGLE LANE
24-FAILED TO GIVE HALF OF ROADWAY
25-FAILED TO NEED WARNING SIGN
26-FAILED TO PASS TO LEFT SAFELY
27-FAILED TO PASS TO RIGHT SAFELY
28-FAILED TO GIVE SIGNAL ON WRONG SIGNAL
29-FAILED TO STOP AT PROPER PLACE
30-FAILED TO STOP FOR SCHOOL BUS
31-FAILED TO STOP FOR TRAM
32-FAILED TO YIELD TO ONCOMING VEHICLE
33-FAILED TO YIELD NOW OPEN INTERSECTION
34-FAILED TO YIELD NOW PRIVATE DRIVE
35-FAILED TO YIELD NOW STOP SIGN
36-FAILED TO YIELD NOW PEDESTRIAN
37-FAILED TO YIELD NOW TURNING LEFT
38-FAILED TO YIELD NOW TURN ON RED
39-FAILED TO YIELD NOW YIELD SIGN

40-PARKED OR ASLEEP
41-FAULTY BRAKE ACTION
42-FIRE IN VEHICLE
43-FLEEING OR EVADING POLICE
44-FOLLOWED TOO CLOSELY
45-HAD BEEN DRIVING
46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
47-CALL (EXP. IN NARRATIVE)
48-IMPARED VISION (EXP. IN NARRATIVE)
49-IMPROPER START FROM PARKED POSITION
50-LAND NOT SECURED
51-OPENED DOOR TO TRAFFIC LANE
52-ONSHORE VEHICLE OR LAND
53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54-PARKED AND FAILED TO SET BRAKES
55-PARKED IN TRAFFIC LANE
56-PARKED IN PASSING ZONE
57-PARKED ON RIGHT SHOULDER
58-PEDESTRIAN/CYCLOST/CONFUSION TO VEHICLE
59-SPEEDING (UNSAFE, UNDER LIMIT)
60-SPEEDING OVER LIMIT
61-TAKING MEDICATION (EXP. IN NARRATIVE)
62-TURNED IMPROPERLY - CUT CORNER ON LEFT
63-TURNED IMPROPERLY - WIDE RIGHT
64-TURNED IMPROPERLY - WRONG LANE
65-TURNED WHEN UNSAFE
66-UNDER INFLUENCE - ALCOHOL
67-UNDER INFLUENCE - DRUG
68-WRONG SIDE - APPROACH OR IN INTERSECTION
69-WRONG SIDE - NOT PASSING

71-TWO-WAY - ONE WAY ROAD
72-COLLAPSE PHONE USE
73-NO AID PAGE
74-OTHER FACTOR (WRITE ON LINE)

VEHICLE DEFECTS
1-DEFECTIVE OR NO HEADLAMPS
2-DEFECTIVE OR NO STOP LAMPS
3-DEFECTIVE OR NO TAIL LAMPS
4-DEFECTIVE OR NO TURN SIGNALS
5-DEFECTIVE OR NO TRAILER BRAKES
6-DEFECTIVE OR NO STEERING MECH
7-DEFECTIVE OR SLACK TIGHTS
8-DEFECTIVE TRAILER HITCH

DIAGRAM



TRAFFIC CONTROL		ROADWAY RELATION	
1-NONE 2-OPERATIVE 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT	7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPED SHOULDER 12-NO PASSING ZONE	13-RR GATES/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-ONE LANE 17-OTHER	1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN
PART OF THE ROADWAY		ROADWAY ALIGNMENT	LIGHT CONDITION
1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER	1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST	1-OTHER 2-UNKNOWN	1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK. LIGHTING 5-DAWN 6-DUSK
TYPE OF ROAD SURFACE		WEATHER	SURFACE CONDITION
1-CONCRETE 2-GRANITOP 3-BLOCK 4-GRANITE	5-DIRT 6-OTHER 7-UNKNOWN	1-CLEAR/CLOUDY 2-RAIN 3-ELECTRIC 4-SNOW 5-FOG 6-BLOWING SAND/SNOW	1-DRY 2-WET 3-STANDING WATER 4-SLUSH 5-ICE

Form CR-3
(Rev. 03/09)

SEAT POSITION		SOLICITATION		EJECTED		RESTRAINT USED		AIRBAG		HELMET USE		INJURY SEVERITY	
1-FRONT LEFT	7-THIRD SEAT LEFT	INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOUGHT, N=NO SOLICIT)	1-NO	1-SHOULDER & LAP BELT	7-BOOSTER SEAT	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE	1-NOT APPLICABLE
2-FRONT CENTER	8-THIRD SEAT CENTER		2-YES	2-SHOULDER BELT ONLY	8-NONE	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED	2-NOT DEPLOYED
3-FRONT RIGHT	9-THIRD SEAT RIGHT		3-PARTIAL	3-LAP BELT ONLY	9-OTHER	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT	3-DEPLOYED, FRONT
4-SECOND SEAT LEFT	10-CARGO AREA		4-NOT APPLICABLE	4-CHILD SEAT, FACING FORWARD	10-UNKNOWN	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE	4-DEPLOYED, SIDE
5-SECOND SEAT CENTER	11-OUTSIDE VEHICLE		5-UNKNOWN	5-CHILD SEAT, FACING REAR		5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER	5-DEPLOYED, OTHER
6-SECOND SEAT RIGHT	12-UNKNOWN			6-CHILD SEAT, UNKNOWN		6-UNKNOWN	6-UNKNOWN	6-UNKNOWN	6-UNKNOWN	6-UNKNOWN	6-UNKNOWN	6-UNKNOWN	6-UNKNOWN

UNIT #	TOWED DUE TO	YES	NO	VEHICLE REMOVED TO	9935 MEMORIAL CROSS TOMBALL, TX. 77375	BY	HQ-109 N	RIVERA, R. 281-251-3179
3	DISABLING DAMAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST, FIRST, MI)	ADDRESS	SOL.	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	RIVERA, RICHARD ELLIS	9935 MEMORIAL CROSS TOMBALL, TX. 77375		N	1	1	3	4	48	M	N
2												
3												
4												
5												

UNIT #	TOWED DUE TO	YES	NO	VEHICLE REMOVED TO	36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450	BY	HQ-109 N	LEBO, J. 985-515-7326
4	DISABLING DAMAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST, FIRST, MI)	ADDRESS	SOL.	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	LEBO, JUSTIN W.	36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450		N	1	1	2	4	29	M	N
7												
8												
9												
10												

PED., PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL.	ALCOHOL SPECIMEN TAKEN	RESULTS	DRUG SPECIMEN TAKEN	RESULTS	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED.				IF AMBULANCE USED, SHOW			
ITEM#	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)											
ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)											
SEE PAGE 1 OF 4											

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION											
UNIT#	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED							
3	1 2 3	1 2 3	1 2 3	1 2							
4	1 2 3	1 2 3	1 2 3	1 2							

VEHICLE DEFECTS	
1-DEFECTIVE OR NO HEADLAMPS	7-DEFECTIVE OR NO TAIL LAMPS
2-DEFECTIVE OR NO STOP LAMPS	8-DEFECTIVE OR NO TURN SIGNALS
3-DEFECTIVE OR NO TURN SIGNALS	9-DEFECTIVE OR NO TRAILER BRAKES
4-DEFECTIVE OR NO TRAILER BRAKES	10-DEFECTIVE OR NO STEERING MECH.
5-DEFECTIVE OR NO STEERING MECH.	11-DEFECTIVE OR SLOTTED TIRES
6-DEFECTIVE TRAILER HITCH	12-DEFECTIVE TRAILER HITCH

TRAFFIC CONTROL	
1-NONE	7-FLASHING YELLOW LIGHT
2-NEGATIVE	8-STOP SIGN
3-OFFICER	9-YIELD SIGN
4-FLASHER	10-WARNING SIGN
5-SIGNAL LIGHT	11-CENTER STRIPED DIVIDER
6-FLASHING RED LIGHT	12-NO PASSING ZONE

PART OF THE ROADWAY	
1-MAIN LANE	7-OTHER
2-SERVICE ROAD	8-UNKNOWN
3-ENTRANCE RAMP	
4-EXIT RAMP	
5-CONNECTOR	
6-DETOUR	
7-OTHER	

ROADWAY ALIGNMENT	
1-STRAIGHT, LEVEL	7-OTHER
2-STRAIGHT, GRADE	8-UNKNOWN
3-STRAIGHT, HILLCREST	
4-CURVE, LEVEL	
5-CURVE, GRADE	
6-CURVE, HILLCREST	

LIGHT CONDITION	
1-DAYLIGHT	8-OTHER
2-DARK, NOT LIGHTED	9-UNKNOWN
3-DARK, LIGHTED	
4-DARK, UNLIGHTED	
5-DAWN	
6-DUSK	

TYPE OF ROAD SURFACE	
1-CONCRETE	8-OTHER
2-BLACKTOP	9-UNKNOWN
3-BRICK	
4-GRAVEL	

WEATHER	
1-CLEAR/LOUD	7-SEVERE CROSSWINDS
2-RAIN	8-OTHER
3-SLEET/RAIL	9-UNKNOWN
4-SNOW	
5-FOG	
6-BLOWING SAND/SNOW	

SURFACE CONDITION	
1-DRY	7-SAND, MUD, DIRT
2-WET	8-OTHER
3-STANDING WATER	9-UNKNOWN
4-SLUSH	
5-ICE	

SEAT POSITION				SOLICITATION				EJECTED				RESTRAINT USED				AIRBAG				HELMET				INJURY SEVERITY																
1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT				7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN				INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOICIT, N=NO SOICIT)				1-NO 2-YES 3-YES-PARTIAL 4-NOT APPLICABLE 5-UNKNOWN				1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN				7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN 11-UNKNOWN				1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN				1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNKNOWN 4-NOT WORN 5-UNKNOWN IF WORN 6-UNKNOWN				1-KILLED 2-INCAPACITATING INJURY 3-NON INCAPACITATING INJURY 4-POSSIBLE INJURY 5-NOT INJURED 6-UNKNOWN								
UNIT 1 TOWED DUE TO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VEHICLE REMOVED TO 16527 SH 62 ORANGE, TX. 77630 BY HQ-109 N GILBEAUX'S 409-886-0007																																								
ITEM		SEAT POSITION		COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED												SEX		EJECTED		RESTRAINT USED		AIRBAG		HELMET		AGE		SEX		INJURY CODE										
1		1		WARWAS JR., TOMMY EDWARD 368 VANESSA AVE. LAKE CHARLES, LA. 70605												N		1		1		3		4		51		M		N										
2																																								
3																																								
4																																								
5																																								
UNIT 2 TOWED DUE TO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VEHICLE REMOVED TO 909 12TH ST. LAKE CHARLES, LA. 70605 BY HQ-109 N HEBERT, D. 327-304-4802																																								
ITEM		SEAT POSITION		COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED												SEX		EJECTED		RESTRAINT USED		AIRBAG		HELMET		AGE		SEX		INJURY CODE										
6		1		HEBERT, DUSTIN JOHN 7950 CLEARVIEW DR. LOT 29 LAKE CHARLES, LA. 70605												N		1		1		2		4		25		M		N										
7																																								
8																																								
9																																								
10																																								
PED., PEDAL, MOT. CONVEY, ETC.		COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)												SEX		ALCOHOL SPECIMEN TAKEN		RESULTS		DRUG SPECIMEN TAKEN		RESULTS		HELMET		AGE		SEX		INJURY CODE										
DISPOSITION OF KILLED OR INJURED												IF AMBULANCE USED, SHOW																												
ITEMS		TAKEN TO		BY		TIME NOTIFIED		TIME ARRIVED AT SCENE		AMBULANCE UNIT#		# OF ATTENDANTS INCLUDING DRIVER		# OF PERSONS TRANSPORTED FOR TREATMENT																										
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ITEM		DATE OF DEATH		TIME OF DEATH		ITEM		DATE OF DEATH		TIME OF DEATH		ITEM		DATE OF DEATH		TIME OF DEATH																								
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)												DIAGRAM																												
UNIT 1 WAS TRAVELING IN THE INSIDE LANE OF IH-10 EASTBOUND. UNITS 2,3, AND 4 WERE TRAVELING ON IH-10 EASTBOUND IN THE OUTSIDE LANE. UNIT 1 TRAVELING AT AN UNSAFE SPEED (UNDER LIMIT) FOR THE WEATHER CONDITIONS LEFT THE ROADWAY, AND STRUCK THE GUARDRAIL CABLE SYSTEM WITH IT'S FRONT DISTRIBUTED. THE DEBRIS FROM THE IMPACT STRUCK UNITS 2,3, AND 4.																																								
WITNESSES:												3 1-TWO-WAY, NOT DIVIDED 2-TWO-WAY, DIVIDED, UNPROTECTED MEDIAN 3-TWO-WAY, DIVIDED, PROTECTED MEDIAN 4-ONE-WAY 5-UNKNOWN																												
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION												TRAFFIC CONTROL																												
<table border="1"><thead><tr><th>UNIT#</th><th>FACTORS/CONDITIONS CONTRIBUTING</th><th>OTHER FACTORS/CONDITIONS MAY NOT HAVE CONTRIBUTED</th><th>VEHICLE DEFECTS CONTRIBUTING</th><th>VEHICLE DEFECTS MAY HAVE CONTRIBUTED</th></tr></thead><tbody><tr><td>1</td><td>60</td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr></tbody></table>												UNIT#	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED	1	60				2					<table border="1"><thead><tr><th>VEHICLE DEFECTS</th></tr></thead><tbody><tr><td>1-NO HEADLAMP 2-NO OPERATIVE 3-NO OPERATIVE 4-NO OPERATIVE 5-NO OPERATIVE 6-NO OPERATIVE 7-NO OPERATIVE 8-NO OPERATIVE 9-NO OPERATIVE 10-NO OPERATIVE 11-NO OPERATIVE 12-NO OPERATIVE 13-NO OPERATIVE 14-NO OPERATIVE 15-NO OPERATIVE 16-NO OPERATIVE 17-NO OPERATIVE 18-NO OPERATIVE 19-NO OPERATIVE 20-NO OPERATIVE 21-NO OPERATIVE 22-NO OPERATIVE 23-NO OPERATIVE 24-NO OPERATIVE 25-NO OPERATIVE 26-NO OPERATIVE 27-NO OPERATIVE 28-NO OPERATIVE 29-NO OPERATIVE 30-NO OPERATIVE 31-NO OPERATIVE 32-NO OPERATIVE 33-NO OPERATIVE 34-NO OPERATIVE 35-NO OPERATIVE 36-NO OPERATIVE 37-NO OPERATIVE 38-NO OPERATIVE 39-NO OPERATIVE 40-NO OPERATIVE 41-NO OPERATIVE 42-NO OPERATIVE 43-NO OPERATIVE 44-NO OPERATIVE 45-NO OPERATIVE 46-NO OPERATIVE 47-NO OPERATIVE 48-NO OPERATIVE 49-NO OPERATIVE 50-NO OPERATIVE 51-NO OPERATIVE 52-NO OPERATIVE 53-NO OPERATIVE 54-NO OPERATIVE 55-NO OPERATIVE 56-NO OPERATIVE 57-NO OPERATIVE 58-NO OPERATIVE 59-NO OPERATIVE 60-NO OPERATIVE 61-NO OPERATIVE 62-NO OPERATIVE 63-NO OPERATIVE 64-NO OPERATIVE 65-NO OPERATIVE 66-NO OPERATIVE 67-NO OPERATIVE 68-NO OPERATIVE 69-NO OPERATIVE 70-NO OPERATIVE 71-NO OPERATIVE 72-NO OPERATIVE 73-NO OPERATIVE 74-NO OPERATIVE 75-NO OPERATIVE 76-NO OPERATIVE 77-NO OPERATIVE 78-NO OPERATIVE 79-NO OPERATIVE 80-NO OPERATIVE 81-NO OPERATIVE 82-NO OPERATIVE 83-NO OPERATIVE 84-NO OPERATIVE 85-NO OPERATIVE 86-NO OPERATIVE 87-NO OPERATIVE 88-NO OPERATIVE 89-NO OPERATIVE 90-NO OPERATIVE 91-NO OPERATIVE 92-NO OPERATIVE 93-NO OPERATIVE 94-NO OPERATIVE 95-NO OPERATIVE 96-NO OPERATIVE 97-NO OPERATIVE 98-NO OPERATIVE 99-NO OPERATIVE 100-NO OPERATIVE</td></tr></tbody></table>												VEHICLE DEFECTS	1-NO HEADLAMP 2-NO OPERATIVE 3-NO OPERATIVE 4-NO OPERATIVE 5-NO OPERATIVE 6-NO OPERATIVE 7-NO OPERATIVE 8-NO OPERATIVE 9-NO OPERATIVE 10-NO OPERATIVE 11-NO OPERATIVE 12-NO OPERATIVE 13-NO OPERATIVE 14-NO OPERATIVE 15-NO OPERATIVE 16-NO OPERATIVE 17-NO OPERATIVE 18-NO OPERATIVE 19-NO OPERATIVE 20-NO OPERATIVE 21-NO OPERATIVE 22-NO OPERATIVE 23-NO OPERATIVE 24-NO OPERATIVE 25-NO OPERATIVE 26-NO OPERATIVE 27-NO OPERATIVE 28-NO OPERATIVE 29-NO OPERATIVE 30-NO OPERATIVE 31-NO OPERATIVE 32-NO OPERATIVE 33-NO OPERATIVE 34-NO OPERATIVE 35-NO OPERATIVE 36-NO OPERATIVE 37-NO OPERATIVE 38-NO OPERATIVE 39-NO OPERATIVE 40-NO OPERATIVE 41-NO OPERATIVE 42-NO OPERATIVE 43-NO OPERATIVE 44-NO OPERATIVE 45-NO OPERATIVE 46-NO OPERATIVE 47-NO OPERATIVE 48-NO OPERATIVE 49-NO OPERATIVE 50-NO OPERATIVE 51-NO OPERATIVE 52-NO OPERATIVE 53-NO OPERATIVE 54-NO OPERATIVE 55-NO OPERATIVE 56-NO OPERATIVE 57-NO OPERATIVE 58-NO OPERATIVE 59-NO OPERATIVE 60-NO OPERATIVE 61-NO OPERATIVE 62-NO OPERATIVE 63-NO OPERATIVE 64-NO OPERATIVE 65-NO OPERATIVE 66-NO OPERATIVE 67-NO OPERATIVE 68-NO OPERATIVE 69-NO OPERATIVE 70-NO OPERATIVE 71-NO OPERATIVE 72-NO OPERATIVE 73-NO OPERATIVE 74-NO OPERATIVE 75-NO OPERATIVE 76-NO OPERATIVE 77-NO OPERATIVE 78-NO OPERATIVE 79-NO OPERATIVE 80-NO OPERATIVE 81-NO OPERATIVE 82-NO OPERATIVE 83-NO OPERATIVE 84-NO OPERATIVE 85-NO OPERATIVE 86-NO OPERATIVE 87-NO OPERATIVE 88-NO OPERATIVE 89-NO OPERATIVE 90-NO OPERATIVE 91-NO OPERATIVE 92-NO OPERATIVE 93-NO OPERATIVE 94-NO OPERATIVE 95-NO OPERATIVE 96-NO OPERATIVE 97-NO OPERATIVE 98-NO OPERATIVE 99-NO OPERATIVE 100-NO OPERATIVE
UNIT#	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED																																				
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Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT / SUPPLEMENT



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714
Questions? Call: 512/486-5780

Form CR-3
(Rev. 03/08)
(GSD-EPG)

PAGE 3 OF 4

PLACE WHERE CRASH OCCURRED						LOC#	
COUNTY <u>ORANGE</u> CITY OR TOWN <u>ORANGE</u>						ORI# <u>TX-DPS 04X1</u>	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____						TxDOT # _____	

ROAD ON WHICH CRASH OCCURRED				CONSTRUCTION ZONE WORKERS PRESENT		SPEED LIMIT	
BLOCK NUMBER _____ STREET OR ROAD NAME <u>IH-10</u> ROUTE NUMBER OR STREET CODE _____				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<u>70</u>	
INTERSECTING STREET OR RR XING NUMBER				CONSTRUCTION ZONE WORKERS PRESENT		SPEED LIMIT	
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____				<input type="checkbox"/> YES <input type="checkbox"/> NO			
NOT AT INTERSECTION <u>1</u> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <u>SIMMONS DR</u>				MILEPOST <u>878</u>		LATITUDE <u>30.118A</u>	
						LONGITUDE <u>93.435A</u>	

DATE OF CRASH		DAY OF WEEK		HOUR		AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
<u>MARCH</u> <u>13</u> <u>09</u>		<u>FRIDAY</u>		<u>3:00</u>		IF EXACTLY NOON OR MIDNIGHT, SO STATE	

UNIT # <u>3</u>		1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST		4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED		7-NON-CONTACT 8-OTHER		VIN# <u>1NXB1232E28Z041514</u>		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	
YEAR MODEL <u>2008</u>		COLOR & MAKE <u>GREEN/TOYOTA</u>		MODEL NAME <u>COROLLA</u>		BODY STYLE <u>4 DR SED</u>		LICENSE PLATE <u>10-TX DSG767</u>		YEAR STATE NUMBER	
DRIVER'S NAME <u>RIVERA, RICHARD ELLIS</u>		ADDRESS (STREET, CITY, STATE, ZIP) <u>9935 MEMORIAL CROSS TOMBALL, TX. 77375</u>		PHONE NUMBER <u>281-251-3175</u>							
DRIVER'S LICENSE <u>TX</u> <u>00169690</u> <u>C</u>		ENDORSEMENTS		RESTRICTIONS		DATE OF BIRTH <u>6/24/60</u>		LICENSE STATUS <u>1</u>		1-VAILD 2-NOT VAILD 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u>		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DRIVER'S OCCUPATION <u>OTHER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/>		IF CHECKED, PLEASE EXPLAIN IN NARRATIVE			
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u>				TEST RESULTS				TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u>			
TEST RESULTS				TEST RESULTS				DRUG CATEGORY <u>2</u>			
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>											
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____											
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP		<u>FARMERS</u>		<u>1-800-225-0011</u>		<u>1904195-92-85</u>		VEHICLE DAMAGE RATING <u>12-FD-1</u>		POLICY NUMBER	

UNIT # <u>4</u>		1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST		4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED		7-NON-CONTACT 8-OTHER		VIN# <u>1FTPW14V38FB96128</u>		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	
YEAR MODEL <u>2008</u>		COLOR & MAKE <u>BLUE/FORD</u>		MODEL NAME <u>F150</u>		BODY STYLE <u>PICKUP</u>		LICENSE PLATE <u>09-LA X572157</u>		YEAR STATE NUMBER	
DRIVER'S NAME <u>LEBO, JUSTIN W.</u>		ADDRESS (STREET, CITY, STATE, ZIP) <u>36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450</u>		PHONE NUMBER <u>985-515-7326</u>							
DRIVER'S LICENSE <u>LA</u> <u>006792516</u> <u>E</u>		ENDORSEMENTS		RESTRICTIONS		DATE OF BIRTH <u>6/22/79</u>		LICENSE STATUS <u>1</u>		1-VAILD 2-NOT VAILD 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u>		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DRIVER'S OCCUPATION <u>OTHER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/>		IF CHECKED, PLEASE EXPLAIN IN NARRATIVE			
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u>				TEST RESULTS				TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u>			
TEST RESULTS				TEST RESULTS				DRUG CATEGORY <u>2</u>			
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>											
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____											
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP		<u>LA AUTO INSURANCE</u>		<u>1-886-850-1051</u>		<u>A W00170</u>		VEHICLE DAMAGE RATING <u>12-FD-1</u>		POLICY NUMBER	

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
SEE PAGE 1 OF 4			
OBJECTS		NAME AND ADDRESS OF OWNER	
FEET FROM CURB		DAMAGE ESTIMATE	
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CHARGES FILED			
NAME SEE PAGE 1 OF 4		CHARGE	
CITATION#		CITATION#	
NAME		CHARGE	
CITATION#		CITATION#	
TIME NOTIFIED OF CRASH <u>3/13/09</u> <u>3:05 PM</u>		HOW <u>DPS BEAUMONT</u>	
TIME ARRIVED AT SCENE <u>3/13/09</u> <u>3:15 PM</u>		DATE OF REPORT <u>3/13/09</u>	
TYPED OR PRINTED NAME OF INVESTIGATOR <u>S MOSES</u>		ID# <u>11877</u> AGENCY <u>DPS/THP</u> DIST/AREA <u>2B08</u>	
REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT / SUPPLEMENT



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714
Questions? Call: 512/486-5780

Form CR-3
(Rev. 03/08)
(GSD-EPC)

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PLACE WHERE CRASH OCCURRED COUNTY <u>ORANGE</u> CITY OR TOWN <u>ORANGE</u>		LOC# _____ ORI# <u>TX DPS 04X1</u> TXDOT # _____	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____			
ROAD ON WHICH CRASH OCCURRED BLOCK NUMBER _____ STREET OR ROAD NAME <u>IH-10</u> ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPEED LIMIT <u>70</u>	
INTERSECTING STREET OR RR XING NUMBER BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
NOT AT INTERSECTION <u>.1</u> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <u>SIMMONS DR</u>		MILEPOST <u>878</u> LATITUDE <u>30.118A</u> LONGITUDE <u>93.435A</u>	
DATE OF CRASH <u>MARCH</u> <u>13</u> <u>09</u> DAY OF WEEK <u>FRIDAY</u> HOUR <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		IF EXACTLY NOON OR MIDNIGHT, SO STATE	
UNIT # <u>1</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
YEAR MODEL <u>2007</u>	COLOR & MAKE <u>BLACK/CHEVY</u>	MODEL NAME <u>CARVETTE</u>	BODY STYLE <u>2 DR SED</u>
DRIVER'S NAME <u>WARWAS JR., TOMMY EDWARD</u>		368 VANESSA AVE. LAKE CHARLES, LA. 70605	
DRIVER'S LICENSE <u>LA</u> <u>009375927</u> <u>E</u> <u>M</u> <u>4/20/57</u>		LICENSE STATUS <u>1</u> 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u> TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS _____	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)	
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>FARMERS</u> <u>1-800-225-0011</u>		1904195-92-85 VEHICLE DAMAGE RATING <u>12-FD-4</u>	
UNIT # <u>2</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
YEAR MODEL <u>2006</u>	COLOR & MAKE <u>SILVER/HONDA</u>	MODEL NAME <u>CIVIC</u>	BODY STYLE <u>4 DR SED</u>
DRIVER'S NAME <u>HEBERT, DUSTIN JOHN</u>		7950 CLEARVIEW DR. LOT 29 LAKE CHARLES, LA. 70605	
DRIVER'S LICENSE <u>LA</u> <u>007842473</u> <u>E</u> <u>8/11/83</u>		LICENSE STATUS <u>1</u> 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u> TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS _____	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>NANCY M. EISKINA</u>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)	
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>STATE FARM</u> <u>337-475-2740</u>		110195981318C VEHICLE DAMAGE RATING <u>VX-0, 1-RD-1</u>	
DAMAGE TO PROPERTY OTHER THAN VEHICLES			
20 FT GUARDRAIL CABLE SYSTEM		TXDOT 3128 SH 62 ORANGE, TX. 77630	
OBJECTS		NAME AND ADDRESS OF OWNER	
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FEET FROM CURB <u>6</u> DAMAGE ESTIMATE <u>\$2,500</u>	
CHARGES FILED			
NAME <u>WARWAS JR., TOMMY EDWARD</u>		CHARGE <u>UNSAFE SPEED (UNDER LIMIT)</u>	
NAME _____		CHARGE _____	
CITATION# <u>TX09200FTB001</u>		CITATION# _____	
TIME NOTIFIED OF CRASH <u>3/13/09</u> <u>3:05 PM</u> HOW <u>DPS BEAUMONT</u>	TIME ARRIVED AT SCENE <u>3/13/09</u> <u>3:15 PM</u>	DATE OF REPORT <u>3/13/09</u>	
TYPED OR PRINTED <u>S MOSES</u> ID# <u>11877</u> AGENCY <u>DPS/THP</u> DIST/AREA <u>2B08</u>		REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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SEAT POSITION		SOLICITATION		EJECTED		RESTRAINT USED		AIRBAG		HELMET USE		INJURY SEVERITY		
1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (*=SOLICIT, N=NO SOLICIT)		1-NONE 2-YES 3-YES PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN	7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN	1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNKNOWN 4-NOT WORN 5-UNKNOWN IF WORN	1-KILLED 2-INCAPACITATING INJURY 3-POSSIBLE INJURY 4-NOT INJURED 5-UNKNOWN					
UNIT # <u>3</u> TOWED DUE TO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VEHICLE REMOVED TO <u>9935 MEMORIAL CROSS TOMBALL, TX. 77375</u> BY <u>HQ-109 N RIVERA, R. 281-251-3179</u>														
ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED		NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE	
1	1	RIVERA, RICHARD ELLIS		9935 MEMORIAL CROSS TOMBALL, TX. 77375		N	1	1	3	4	48	M	N	
2														
3														
4														
5														
UNIT # <u>4</u> TOWED DUE TO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VEHICLE REMOVED TO <u>36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450</u> BY <u>HQ-109 N LEBOW, J. 985-515-7326</u>														
ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED		NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE	
6	1	LEBO, JUSTIN W.		36123 SUNNY HILL RD. MOUNT HERMON, LA. 70450		N	1	1	2	4	29	M	N	
7														
8														
9														
10														
PED., PEDAL, MOT. CONVEY. ETC.		COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE		CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULTS	DRUG SPECIMEN TAKEN	RESULTS	HELMET	AGE	SEX	INJURY CODE
DISPOSITION OF KILLED OR INJURED.														
ITEM#	TAKEN TO	BY		TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT						
COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)														
ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH			
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)														
SEE PAGE 1 OF 4														
WITNESSES:														
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION														
UNIT#	FACTOR/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED									
3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3									
4	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3									
1-ANIMAL ON ROAD-DOMESTIC 2-ANIMAL ON ROAD-WILD 3-DRIVE WITHOUT SAFETY 4-CHIMNEY LANE WHEN UNSAFE 5-13 BEEHIVE DEFECTS 6-VEHICLE DEFECTS 7-VEHICLE DEFECTS 8-VEHICLE DEFECTS 9-VEHICLE DEFECTS 10-VEHICLE DEFECTS 11-VEHICLE DEFECTS 12-VEHICLE DEFECTS 13-VEHICLE DEFECTS 14-VEHICLE DEFECTS 15-VEHICLE DEFECTS 16-VEHICLE DEFECTS 17-VEHICLE DEFECTS 18-VEHICLE DEFECTS 19-VEHICLE DEFECTS 20-VEHICLE DEFECTS 21-VEHICLE DEFECTS 22-VEHICLE DEFECTS 23-VEHICLE DEFECTS 24-VEHICLE DEFECTS 25-VEHICLE DEFECTS 26-VEHICLE DEFECTS 27-VEHICLE DEFECTS 28-VEHICLE DEFECTS 29-VEHICLE DEFECTS 30-VEHICLE DEFECTS 31-VEHICLE DEFECTS 32-VEHICLE DEFECTS 33-VEHICLE DEFECTS 34-VEHICLE DEFECTS 35-VEHICLE DEFECTS 36-VEHICLE DEFECTS 37-VEHICLE DEFECTS 38-VEHICLE DEFECTS 39-VEHICLE DEFECTS 40-VEHICLE DEFECTS 41-VEHICLE DEFECTS 42-VEHICLE DEFECTS 43-VEHICLE DEFECTS 44-VEHICLE DEFECTS 45-VEHICLE DEFECTS 46-VEHICLE DEFECTS 47-VEHICLE DEFECTS 48-VEHICLE DEFECTS 49-VEHICLE DEFECTS 50-VEHICLE DEFECTS 51-VEHICLE DEFECTS 52-VEHICLE DEFECTS 53-VEHICLE DEFECTS 54-VEHICLE DEFECTS 55-VEHICLE DEFECTS 56-VEHICLE DEFECTS 57-VEHICLE DEFECTS 58-VEHICLE DEFECTS 59-VEHICLE DEFECTS 60-VEHICLE DEFECTS 61-VEHICLE DEFECTS 62-VEHICLE DEFECTS 63-VEHICLE DEFECTS 64-VEHICLE DEFECTS 65-VEHICLE DEFECTS 66-VEHICLE DEFECTS 67-VEHICLE DEFECTS 68-VEHICLE DEFECTS 69-VEHICLE DEFECTS 70-VEHICLE DEFECTS 71-VEHICLE DEFECTS 72-VEHICLE DEFECTS 73-VEHICLE DEFECTS 74-VEHICLE DEFECTS 75-VEHICLE DEFECTS 76-VEHICLE DEFECTS 77-VEHICLE DEFECTS 78-VEHICLE DEFECTS 79-VEHICLE DEFECTS 80-VEHICLE DEFECTS 81-VEHICLE DEFECTS 82-VEHICLE DEFECTS 83-VEHICLE DEFECTS 84-VEHICLE DEFECTS 85-VEHICLE DEFECTS 86-VEHICLE DEFECTS 87-VEHICLE DEFECTS 88-VEHICLE DEFECTS 89-VEHICLE DEFECTS 90-VEHICLE DEFECTS 91-VEHICLE DEFECTS 92-VEHICLE DEFECTS 93-VEHICLE DEFECTS 94-VEHICLE DEFECTS 95-VEHICLE DEFECTS 96-VEHICLE DEFECTS 97-VEHICLE DEFECTS 98-VEHICLE DEFECTS 99-VEHICLE DEFECTS 100-VEHICLE DEFECTS														
VEHICLE DEFECTS 1-DEFECTIVE OR NO HEADLAMPS 2-DEFECTIVE OR NO STOP LAMPS 3-DEFECTIVE OR NO TAIL LAMPS 4-DEFECTIVE OR NO TURN SIGNALS 5-DEFECTIVE OR NO TRAILER BRAKES 6-DEFECTIVE OR NO VEHICLE BRAKES 7-DEFECTIVE OR NO STEERING MECH 8-DEFECTIVE OR NO SUSPENSION 9-DEFECTIVE TRAILER HITCH 10-DEFECTIVE OR NO TIRE PRESSURE MONITORING SYSTEM 11-DEFECTIVE OR NO TIRE MONITORING SYSTEM 12-DEFECTIVE OR NO TIRE MONITORING SYSTEM 13-DEFECTIVE OR NO TIRE MONITORING SYSTEM 14-DEFECTIVE OR NO TIRE MONITORING SYSTEM 15-DEFECTIVE OR NO TIRE MONITORING SYSTEM 16-DEFECTIVE OR NO TIRE MONITORING SYSTEM 17-DEFECTIVE OR NO TIRE MONITORING SYSTEM 18-DEFECTIVE OR NO TIRE MONITORING SYSTEM 19-DEFECTIVE OR NO TIRE MONITORING SYSTEM 20-DEFECTIVE OR NO TIRE MONITORING SYSTEM 21-DEFECTIVE OR NO TIRE MONITORING SYSTEM 22-DEFECTIVE OR NO TIRE MONITORING SYSTEM 23-DEFECTIVE OR NO TIRE MONITORING SYSTEM 24-DEFECTIVE OR NO TIRE MONITORING SYSTEM 25-DEFECTIVE OR NO TIRE MONITORING SYSTEM 26-DEFECTIVE OR NO TIRE MONITORING SYSTEM 27-DEFECTIVE OR NO TIRE MONITORING SYSTEM 28-DEFECTIVE OR NO TIRE MONITORING SYSTEM 29-DEFECTIVE OR NO TIRE MONITORING SYSTEM 30-DEFECTIVE OR NO TIRE MONITORING SYSTEM 31-DEFECTIVE OR NO TIRE MONITORING SYSTEM 32-DEFECTIVE OR NO TIRE MONITORING SYSTEM 33-DEFECTIVE OR NO TIRE MONITORING SYSTEM 34-DEFECTIVE OR NO TIRE MONITORING SYSTEM 35-DEFECTIVE OR NO TIRE MONITORING SYSTEM 36-DEFECTIVE OR NO TIRE MONITORING SYSTEM 37-DEFECTIVE OR NO TIRE MONITORING SYSTEM 38-DEFECTIVE OR NO TIRE MONITORING SYSTEM 39-DEFECTIVE OR NO TIRE MONITORING SYSTEM 40-DEFECTIVE OR NO TIRE MONITORING SYSTEM 41-DEFECTIVE OR NO TIRE MONITORING SYSTEM 42-DEFECTIVE OR NO TIRE MONITORING SYSTEM 43-DEFECTIVE OR NO TIRE MONITORING SYSTEM 44-DEFECTIVE OR NO TIRE MONITORING SYSTEM 45-DEFECTIVE OR NO TIRE MONITORING SYSTEM 46-DEFECTIVE OR NO TIRE MONITORING SYSTEM 47-DEFECTIVE OR NO TIRE MONITORING SYSTEM 48-DEFECTIVE OR NO TIRE MONITORING SYSTEM 49-DEFECTIVE OR NO TIRE MONITORING SYSTEM 50-DEFECTIVE OR NO TIRE MONITORING SYSTEM 51-DEFECTIVE OR NO TIRE MONITORING SYSTEM 52-DEFECTIVE OR NO TIRE MONITORING SYSTEM 53-DEFECTIVE OR NO TIRE MONITORING SYSTEM 54-DEFECTIVE OR NO TIRE MONITORING SYSTEM 55-DEFECTIVE OR NO TIRE MONITORING SYSTEM 56-DEFECTIVE OR NO TIRE MONITORING SYSTEM 57-DEFECTIVE OR NO TIRE MONITORING SYSTEM 58-DEFECTIVE OR NO TIRE MONITORING SYSTEM 59-DEFECTIVE OR NO TIRE MONITORING SYSTEM 60-DEFECTIVE OR NO TIRE MONITORING SYSTEM 61-DEFECTIVE OR NO TIRE MONITORING SYSTEM 62-DEFECTIVE OR NO TIRE MONITORING SYSTEM 63-DEFECTIVE OR NO TIRE MONITORING SYSTEM 64-DEFECTIVE OR NO TIRE MONITORING SYSTEM 65-DEFECTIVE OR NO TIRE MONITORING SYSTEM 66-DEFECTIVE OR NO TIRE MONITORING SYSTEM 67-DEFECTIVE OR NO TIRE MONITORING SYSTEM 68-DEFECTIVE OR NO TIRE MONITORING SYSTEM 69-DEFECTIVE OR NO TIRE MONITORING SYSTEM 70-DEFECTIVE OR NO TIRE MONITORING SYSTEM 71-DEFECTIVE OR NO TIRE MONITORING SYSTEM 72-DEFECTIVE OR NO TIRE MONITORING SYSTEM 73-DEFECTIVE OR NO TIRE MONITORING SYSTEM 74-DEFECTIVE OR NO TIRE MONITORING SYSTEM 75-DEFECTIVE OR NO TIRE MONITORING SYSTEM 76-DEFECTIVE OR NO TIRE MONITORING SYSTEM 77-DEFECTIVE OR NO TIRE MONITORING SYSTEM 78-DEFECTIVE OR NO TIRE MONITORING SYSTEM 79-DEFECTIVE OR NO TIRE MONITORING SYSTEM 80-DEFECTIVE OR NO TIRE MONITORING SYSTEM 81-DEFECTIVE OR NO TIRE MONITORING SYSTEM 82-DEFECTIVE OR NO TIRE MONITORING SYSTEM 83-DEFECTIVE OR NO TIRE MONITORING SYSTEM 84-DEFECTIVE OR NO TIRE MONITORING SYSTEM 85-DEFECTIVE OR NO TIRE MONITORING SYSTEM 86-DEFECTIVE OR NO TIRE MONITORING SYSTEM 87-DEFECTIVE OR NO TIRE MONITORING SYSTEM 88-DEFECTIVE OR NO TIRE MONITORING SYSTEM 89-DEFECTIVE OR NO TIRE MONITORING SYSTEM 90-DEFECTIVE OR NO TIRE MONITORING SYSTEM 91-DEFECTIVE OR NO TIRE MONITORING SYSTEM 92-DEFECTIVE OR NO TIRE MONITORING SYSTEM 93-DEFECTIVE OR NO TIRE MONITORING SYSTEM 94-DEFECTIVE OR NO TIRE MONITORING SYSTEM 95-DEFECTIVE OR NO TIRE MONITORING SYSTEM 96-DEFECTIVE OR NO TIRE MONITORING SYSTEM 97-DEFECTIVE OR NO TIRE MONITORING SYSTEM 98-DEFECTIVE OR NO TIRE MONITORING SYSTEM 99-DEFECTIVE OR NO TIRE MONITORING SYSTEM 100-DEFECTIVE OR NO TIRE MONITORING SYSTEM														
TRAFFIC CONTROL 1-NONE 2-OPERATIVE 3-OFFICER 4-FLASHING 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPES/ROADWAY 12-NO PASSING ZONE 13-FLASHERS 14-SCHOOL ZONE 15-CROSSWALK 16-ONE LANE 17-OTHER 18-ROADWAY RELATION 19-ROADWAY RELATION 20-ROADWAY RELATION 21-ROADWAY RELATION 22-ROADWAY RELATION 23-ROADWAY RELATION 24-ROADWAY RELATION 25-ROADWAY RELATION 26-ROADWAY RELATION 27-ROADWAY RELATION 28-ROADWAY RELATION 29-ROADWAY RELATION 30-ROADWAY RELATION 31-ROADWAY RELATION 32-ROADWAY RELATION 33-ROADWAY RELATION 34-ROADWAY RELATION 35-ROADWAY RELATION 36-ROADWAY RELATION 37-ROADWAY RELATION 38-ROADWAY RELATION 39-ROADWAY RELATION 40-ROADWAY RELATION 41-ROADWAY RELATION 42-ROADWAY RELATION 43-ROADWAY RELATION 44-ROADWAY RELATION 45-ROADWAY RELATION 46-ROADWAY RELATION 47-ROADWAY RELATION 48-ROADWAY RELATION 49-ROADWAY RELATION 50-ROADWAY RELATION 51-ROADWAY RELATION 52-ROADWAY RELATION 53-ROADWAY RELATION 54-ROADWAY RELATION 55-ROADWAY RELATION 56-ROADWAY RELATION 57-ROADWAY RELATION 58-ROADWAY RELATION 59-ROADWAY RELATION 60-ROADWAY RELATION 61-ROADWAY RELATION 62-ROADWAY RELATION 63-ROADWAY RELATION 64-ROADWAY RELATION 65-ROADWAY RELATION 66-ROADWAY RELATION 67-ROADWAY RELATION 68-ROADWAY RELATION 69-ROADWAY RELATION 70-ROADWAY RELATION 71-ROADWAY RELATION 72-ROADWAY RELATION 73-ROADWAY RELATION 74-ROADWAY RELATION 75-ROADWAY RELATION 76-ROADWAY RELATION 77-ROADWAY RELATION 78-ROADWAY RELATION 79-ROADWAY RELATION 80-ROADWAY RELATION 81-ROADWAY RELATION 82-ROADWAY RELATION 83-ROADWAY RELATION 84-ROADWAY RELATION 85-ROADWAY RELATION 86-ROADWAY RELATION 87-ROADWAY RELATION 88-ROADWAY RELATION 89-ROADWAY RELATION 90-ROADWAY RELATION 91-ROADWAY RELATION 92-ROADWAY RELATION 93-ROADWAY RELATION 94-ROADWAY RELATION 95-ROADWAY RELATION 96-ROADWAY RELATION 97-ROADWAY RELATION 98-ROADWAY RELATION 99-ROADWAY RELATION 100-ROADWAY RELATION														
PART OF THE ROADWAY 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CORRECTOR 6-DETOUR 7-OTHER 8-ROADWAY ALIGNMENT 9-STRAIGHT, LEVEL 10-STRAIGHT, GRADE 11-STRAIGHT, HILLCREST 12-CURVE, HILLCREST 13-CURVE, GRADE 14-CURVE, HILLCREST 15-CURVE, GRADE 16-CURVE, HILLCREST 17-CURVE, GRADE 18-CURVE, HILLCREST 19-CURVE, GRADE 20-CURVE, HILLCREST 21-CURVE, GRADE 22-CURVE, HILLCREST 23-CURVE, GRADE 24-CURVE, HILLCREST 25-CURVE, GRADE 26-CURVE, HILLCREST 27-CURVE, GRADE 28-CURVE, HILLCREST 29-CURVE, GRADE 30-CURVE, HILLCREST 31-CURVE, GRADE 32-CURVE, HILLCREST 33-CURVE, GRADE 34-CURVE, HILLCREST 35-CURVE, GRADE 36-CURVE, HILLCREST 37-CURVE, GRADE 38-CURVE, HILLCREST 39-CURVE, GRADE 40-CURVE, HILLCREST 41-CURVE, GRADE 42-CURVE, HILLCREST 43-CURVE, GRADE 44-CURVE, HILLCREST 45-CURVE, GRADE 46-CURVE, HILLCREST 47-CURVE, GRADE 48-CURVE, HILLCREST 49-CURVE, GRADE 50-CURVE, HILLCREST 51-CURVE, GRADE 52-CURVE, HILLCREST 53-CURVE, GRADE 54-CURVE, HILLCREST 55-CURVE, GRADE 56-CURVE, HILLCREST 57-CURVE, GRADE 58-CURVE, HILLCREST 59-CURVE, GRADE 60-CURVE, HILLCREST 61-CURVE, GRADE 62-CURVE, HILLCREST 63-CURVE, GRADE 64-CURVE, HILLCREST 65-CURVE, GRADE 66-CURVE, HILLCREST 67-CURVE, GRADE 68-CURVE, HILLCREST 69-CURVE, GRADE 70-CURVE, HILLCREST 71-CURVE, GRADE 72-CURVE, HILLCREST 73-CURVE, GRADE 74-CURVE, HILLCREST 75-CURVE, GRADE 76-CURVE, HILLCREST 77-CURVE, GRADE 78-CURVE, HILLCREST 79-CURVE, GRADE 80-CURVE, HILLCREST 81-CURVE, GRADE 82-CURVE, HILLCREST 83-CURVE, GRADE 84-CURVE, HILLCREST 85-CURVE, GRADE 86-CURVE, HILLCREST 87-CURVE, GRADE 88-CURVE, HILLCREST 89-CURVE, GRADE 90-CURVE, HILLCREST 91-CURVE, GRADE 92-CURVE, HILLCREST 93-CURVE, GRADE 94-CURVE, HILLCREST 95-CURVE, GRADE 96-CURVE, HILLCREST 97-CURVE, GRADE 98-CURVE, HILLCREST 99-CURVE, GRADE 100-CURVE, HILLCREST														
TYPE OF ROAD SURFACE 1-CONCRETE 2-GRASS 3-BLACKTOP 4-GRASS 5-OTHER 6-OTHER 7-OTHER 8-OTHER 9-OTHER 10-OTHER 11-OTHER 12-OTHER 13-OTHER 14-OTHER 15-OTHER 16-OTHER 17-OTHER 18-OTHER 19-OTHER 20-OTHER 21-OTHER 22-OTHER 23-OTHER 24-OTHER 25-OTHER 26-OTHER 27-OTHER 28-OTHER 29-OTHER 30-OTHER 31-OTHER 32-OTHER 33-OTHER 34-OTHER 35-OTHER 36-OTHER 37-OTHER 38-OTHER 39-OTHER 40-OTHER 41-OTHER 42-OTHER 43-OTHER 44-OTHER 45-OTHER 46-OTHER 47-OTHER 48-OTHER 49-OTHER 50-OTHER 51-OTHER 52-OTHER 53-OTHER 54-OTHER 55-OTHER 56-OTHER 57-OTHER 58-OTHER 59-OTHER 60-OTHER 61-OTHER 62-OTHER 63-OTHER 64-OTHER 65-OTHER 66-OTHER 67-OTHER 68-OTHER 69-OTHER 70-OTHER 71-OTHER 72-OTHER 73-OTHER 74-OTHER 75-OTHER 76-OTHER 77-OTHER 78-OTHER 79-OTHER 80-OTHER 81-OTHER 82-OTHER 83-OTHER 84-OTHER 85-OTHER 86-OTHER 87-OTHER 88-OTHER 89-OTHER 90-OTHER 91-OTHER 92-OTHER 93-OTHER 94-OTHER 95-OTHER 96-OTHER 97-OTHER 98-OTHER 99-OTHER 100-OTHER														
WEATHER 1-CLEAR/NO CLOUDS 2-CLOUDY 3-DRIZZLE 4-RAIN 5-SLEET 6-FOG 7-ICE 8-SEVERE CROSSWINDS 9-OTHER 10-OTHER 11-OTHER 12-OTHER 13-OTHER 14-OTHER 15-OTHER 16-OTHER 17-OTHER 18-OTHER 19-OTHER 20-OTHER 21-OTHER 22-OTHER 23-OTHER 24-OTHER 25-OTHER 26-OTHER 27-OTHER 28-OTHER 29-OTHER 30-OTHER 31-OTHER 32-OTHER 33-OTHER 34-OTHER 35-OTHER 36-OTHER 37-OTHER 38-OTHER 39-OTHER 40-OTHER 41-OTHER 42-OTHER 43-OTHER 44-OTHER 45-OTHER 46-OTHER 47-OTHER 48-OTHER 49-OTHER 50-OTHER 51-OTHER 52-OTHER 53-OTHER 54-OTHER 55-OTHER 56-OTHER 57-OTHER 58-OTHER 59-OTHER 60-OTHER 61-OTHER 62-OTHER 63-OTHER 64-OTHER 65-OTHER 66-OTHER 67-OTHER 68-OTHER 69-OTHER 70-OTHER 71-OTHER 72-OTHER 73-OTHER 74-OTHER 75-OTHER 76-OTHER 77-OTHER 78-OTHER 79-OTHER 80-OTHER 81-OTHER 82-OTHER 83-OTHER 84-OTHER 85-OTHER 86-OTHER 87-OTHER 88-OTHER 89-OTHER 90-OTHER 91-OTHER 92-OTHER 93-OTHER 94-OTHER 95-OTHER 96-OTHER 97-OTHER 98-OTHER 99-OTHER 100-OTHER														
SURFACE CONDITION 1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLEET 6-ICE 7-SAND, MUD, DIRT 8-OTHER 9-OTHER 10-OTHER 11-OTHER 12-OTHER 13-OTHER 14-OTHER 15-OTHER 16-OTHER 17-OTHER 18-OTHER 19-OTHER 20-OTHER 21-OTHER 22-OTHER 23-OTHER 24-OTHER 25-OTHER 26-OTHER 27-OTHER 28-OTHER 29-OTHER 30-OTHER 31-OTHER 32-OTHER 33-OTHER 34-OTHER 35-OTHER 36-OTHER 37-OTHER 38-OTHER 39-OTHER 40-OTHER 41-OTHER 42-OTHER 43-OTHER 44-OTHER 45-OTHER 46-OTHER 47-OTHER 48-OTHER 49-OTHER 50-OTHER 51-OTHER 52-OTHER 53-OTHER 54-OTHER 55-OTHER 56-OTHER 57-OTHER 58-OTHER 59-OTHER 60-OTHER 61-OTHER 62-OTHER 63-OTHER 64-OTHER 65-OTHER 66-OTHER 67-OTHER 68-OTHER 69-OTHER 70-OTHER 71-OTHER 72-OTHER 73-OTHER 74-OTHER 75-OTHER 76-OTHER 77-OTHER 78-OTHER 79-OTHER 80-OTHER 81-OTHER 82-OTHER 83-OTHER 84-OTHER 85-OTHER 86-OTHER 87-OTHER 88-OTHER 89-OTHER 90-OTHER 91-OTHER 92-OTHER 93-OTHER 94-OTHER 95-OTHER 96-OTHER 97-OTHER 98-OTHER 99-OTHER 100-OTHER														

Harvey R. Miller
Stephen Karotkin
Joseph H. Smolinsky
WEIL, GOTSHAL & MANGES LLP
767 Fifth Avenue
New York, New York 10153
Telephone: (212) 310-8000
Facsimile: (212) 310-8007

Attorneys for Debtors
and Debtors in Possession

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

	-X	
	:	
In re	:	Chapter 11 Case No.
	:	
MOTORS LIQUIDATION COMPANY, <i>et al.</i> ,	:	09-50026 (REG)
f/k/a General Motors Corp., <i>et al.</i>	:	
	:	
Debtors.	:	(Jointly Administered)
	:	
	-X	

**NOTICE OF (I) ENTRY OF ORDER
CONFIRMING DEBTORS' SECOND AMENDED JOINT
CHAPTER 11 PLAN AND (II) OCCURRENCE OF EFFECTIVE DATE**

**TO ALL CREDITORS, EQUITY INTEREST HOLDERS,
AND OTHER PARTIES IN INTEREST:**

PLEASE TAKE NOTICE that an order (the "**Confirmation Order**") (ECF No. 9941) confirming the Debtors' Second Amended Joint Chapter 11 Plan, dated March 18, 2011 (ECF No. 9836) (the "**Plan**"), of Motors Liquidation Company and its affiliated debtors (collectively, the "**Debtors**"), was signed by the Honorable Robert E. Gerber, United States Bankruptcy Judge, and entered by the Clerk of the United States Bankruptcy Court for the Southern District of New York (the "**Bankruptcy Court**") on March 29, 2011.

PLEASE TAKE FURTHER NOTICE that the Confirmation Order is available for inspection during regular business hours in the office of the Clerk of the Bankruptcy Court, Alexander Hamilton Custom House, One Bowling Green, New York, New York 10004. The Confirmation Order is also available for registered users of the Bankruptcy Court's filing system by accessing the Bankruptcy Court's website (www.nysb.uscourts.gov) and for all parties at www.motorsliquidationdocket.com.

Your Medicare Number: XXX-XX-2749A

Page 07 of 07
June 04, 2011

General Information (continued):

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Appeals Information - Part B (Outpatient)

If you disagree with any claims decisions on either PART A or PART B of this notice, your appeal must be received by October 07, 2011.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
(You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number: _____

0810000000

Your Medicare Number: XXX-XX-2749A

Page 06 of 07

June 04, 2011

Deductible Information:

— You have met the Part B deductible for 2011.

General Information:

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

NOTICE:

Please send written appeal requests to:

Wisconsin Physicians Service, Medicare, P.O. Box 1602, Omaha, NE 68101.

Only appeals related correspondence sent to this address will be answered. For general inquiries, please call 1-800-MEDICARE (1-800-633-4227).

The Pap test is the most effective way to screen for cervical cancer.

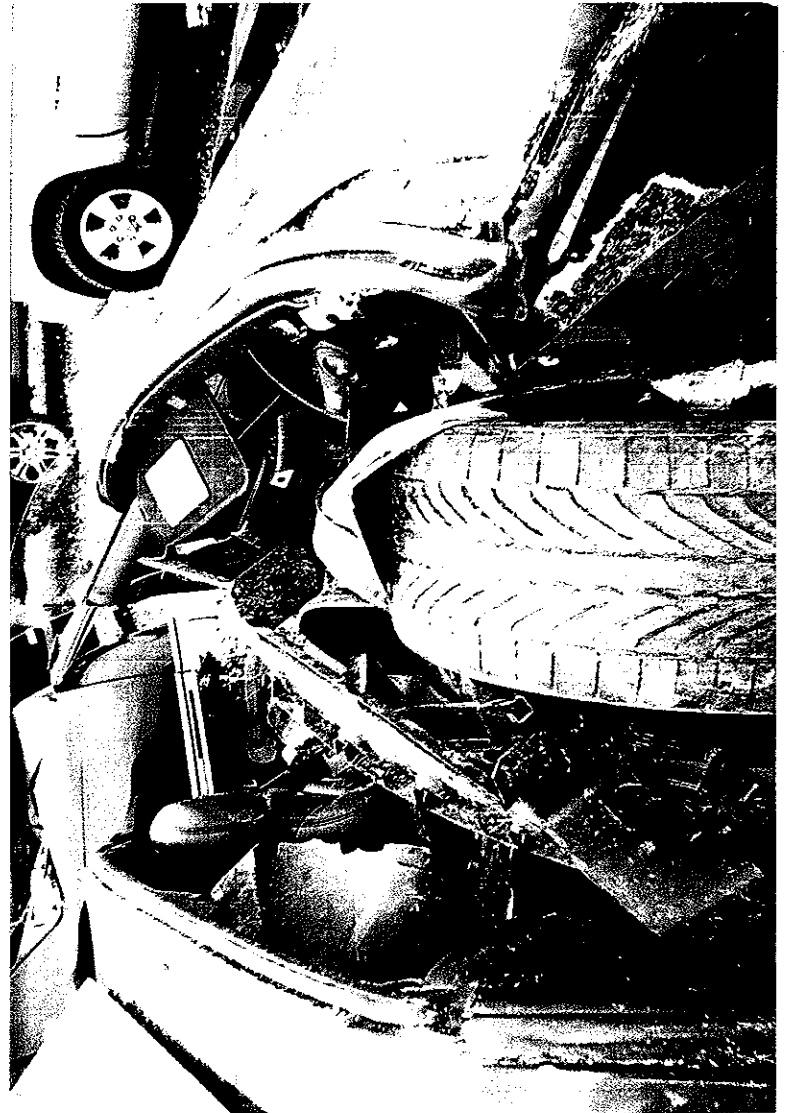
If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

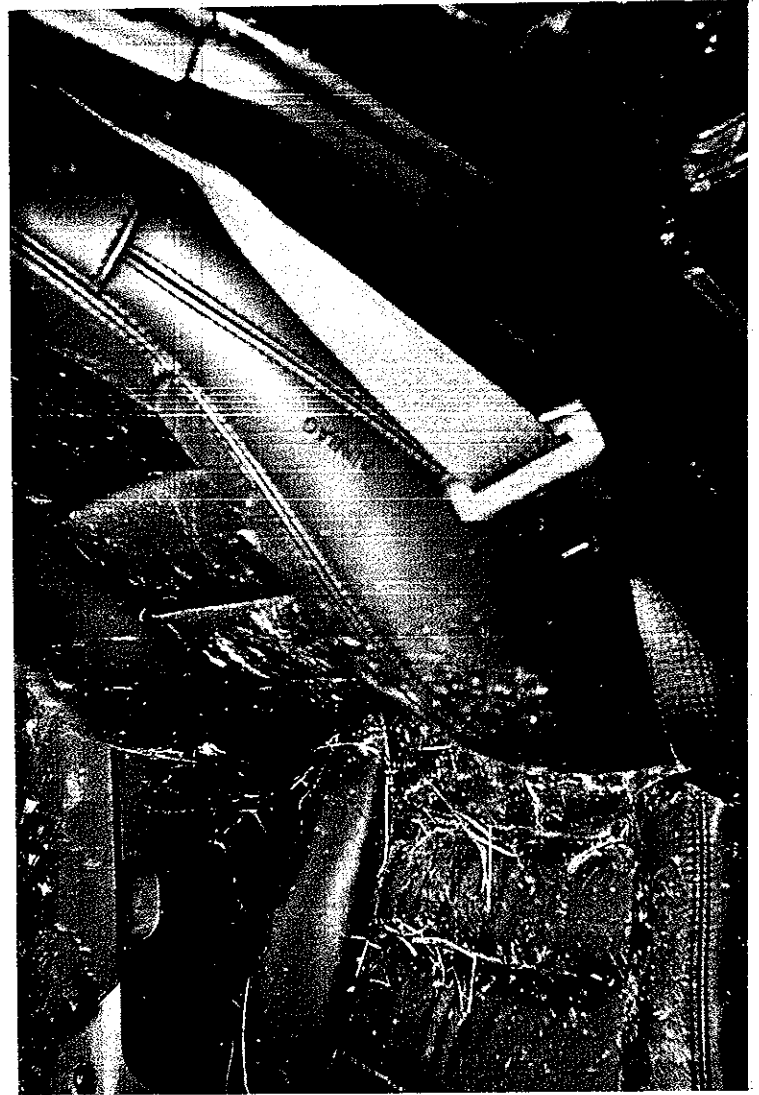
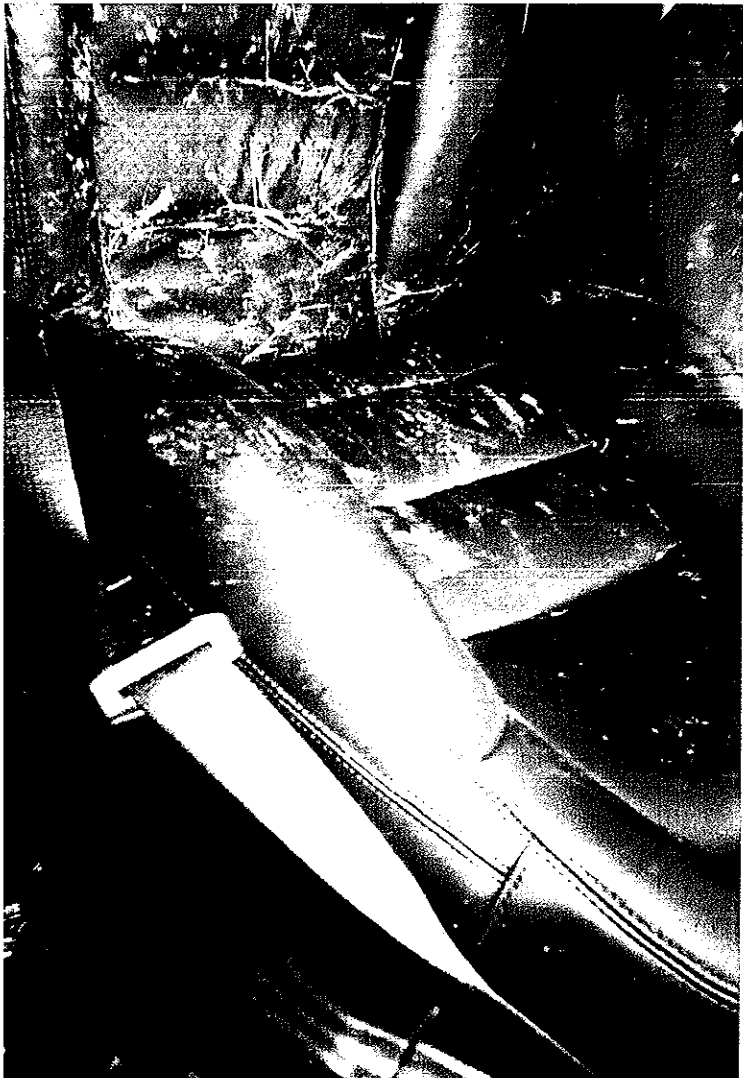
You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

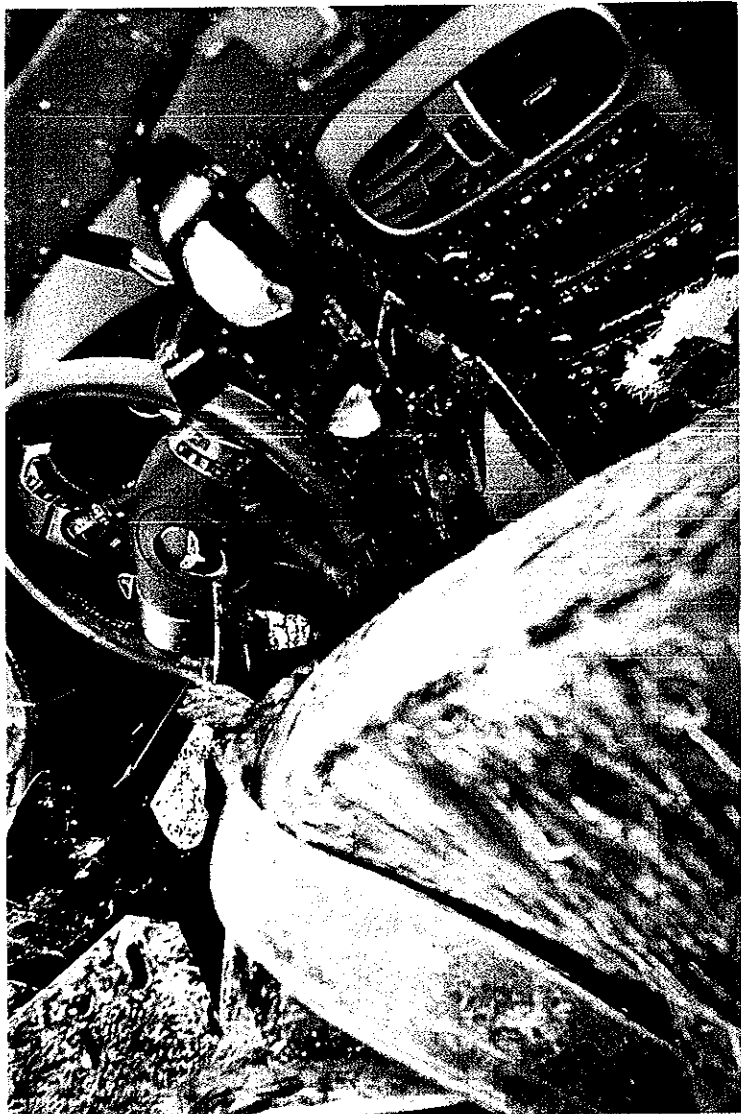
Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

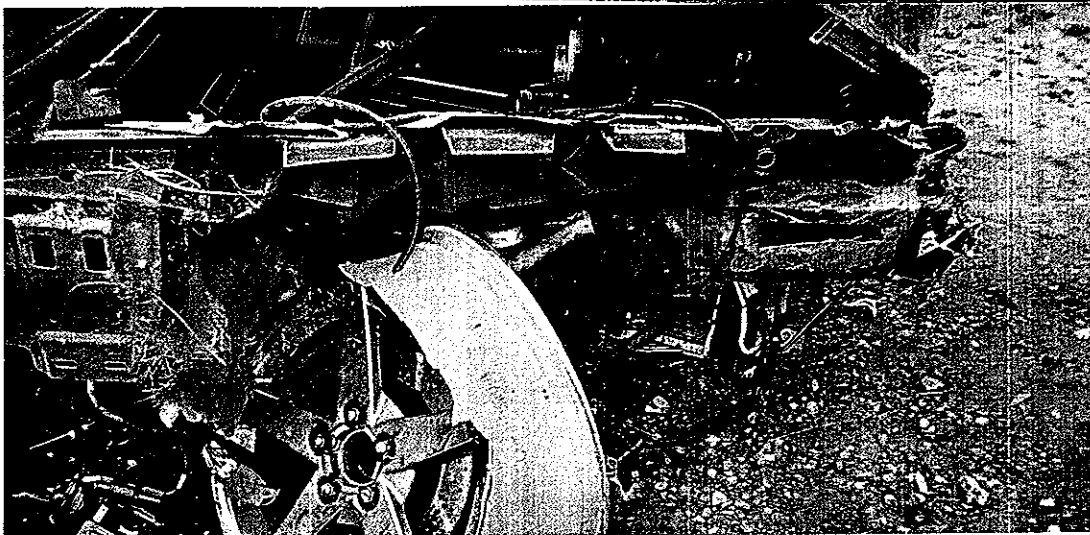
Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

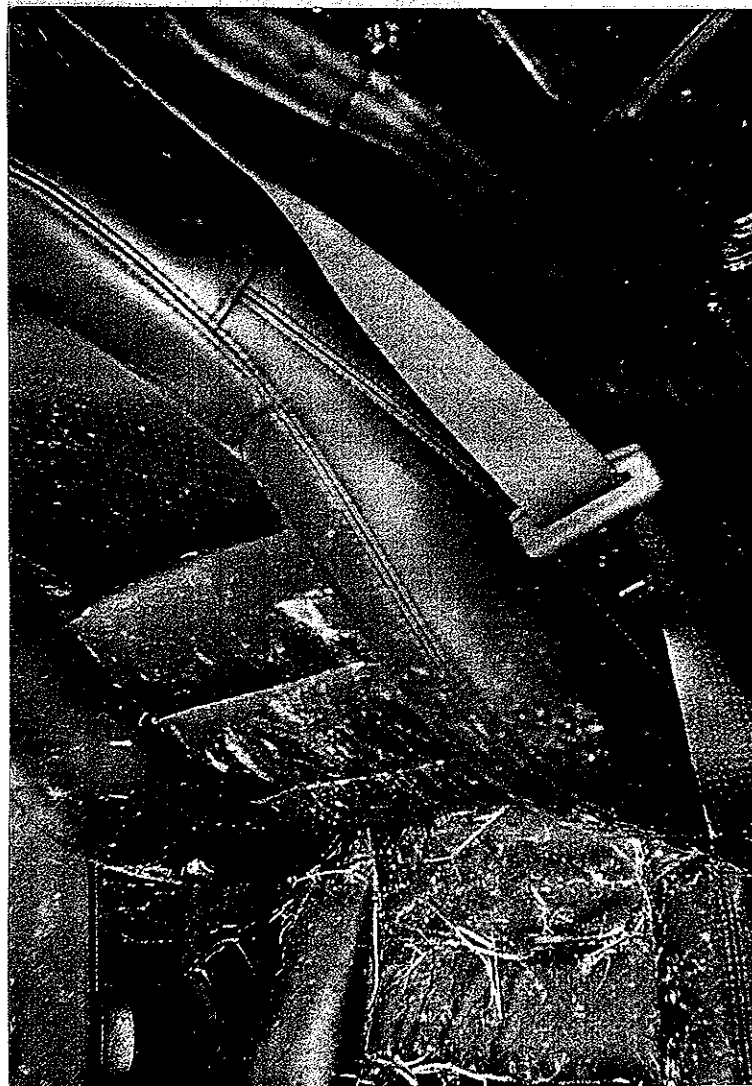
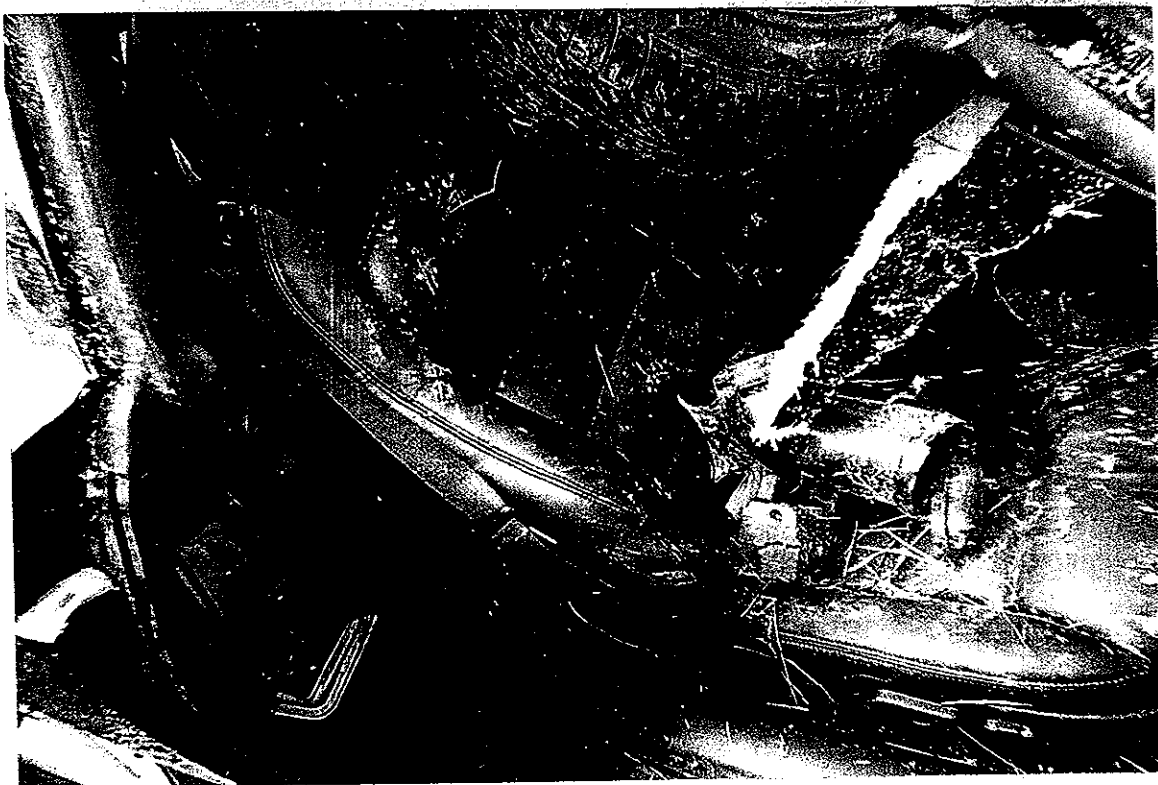
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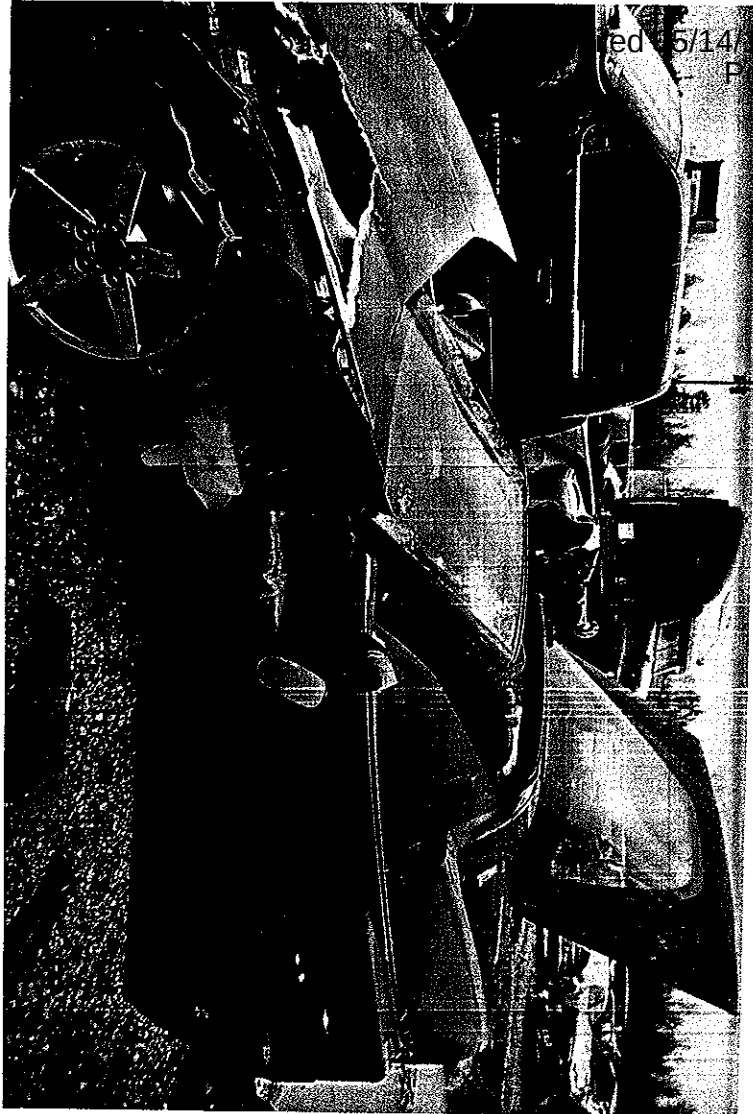






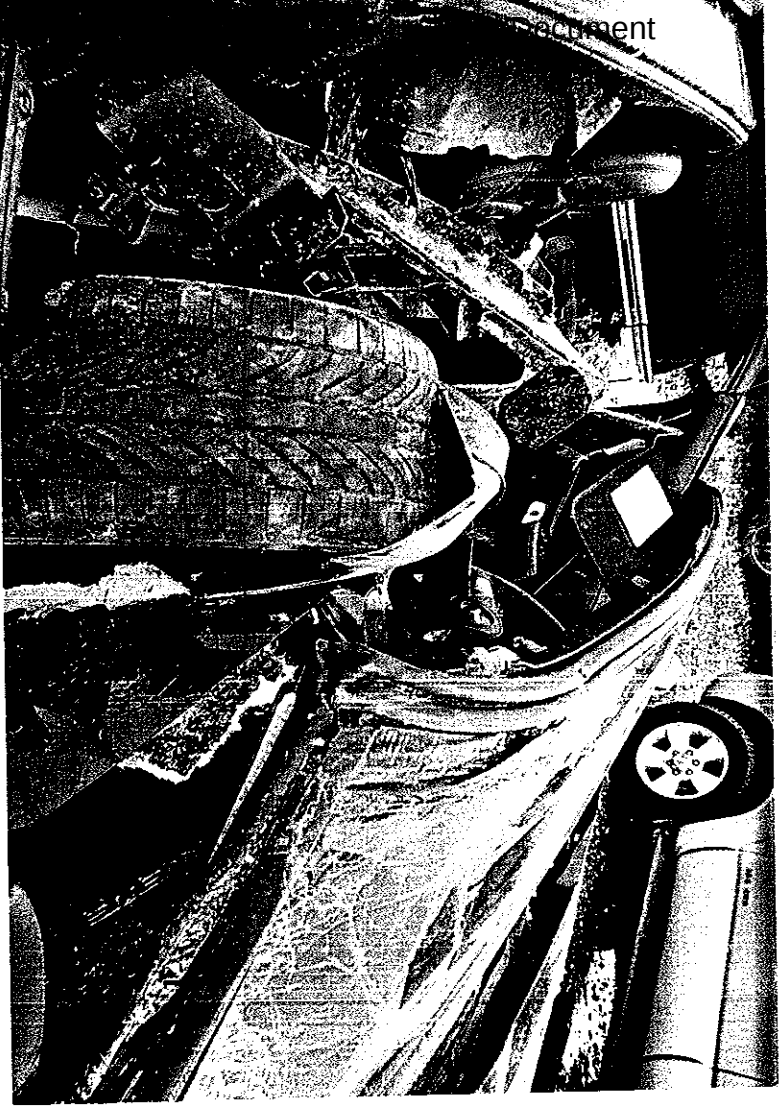




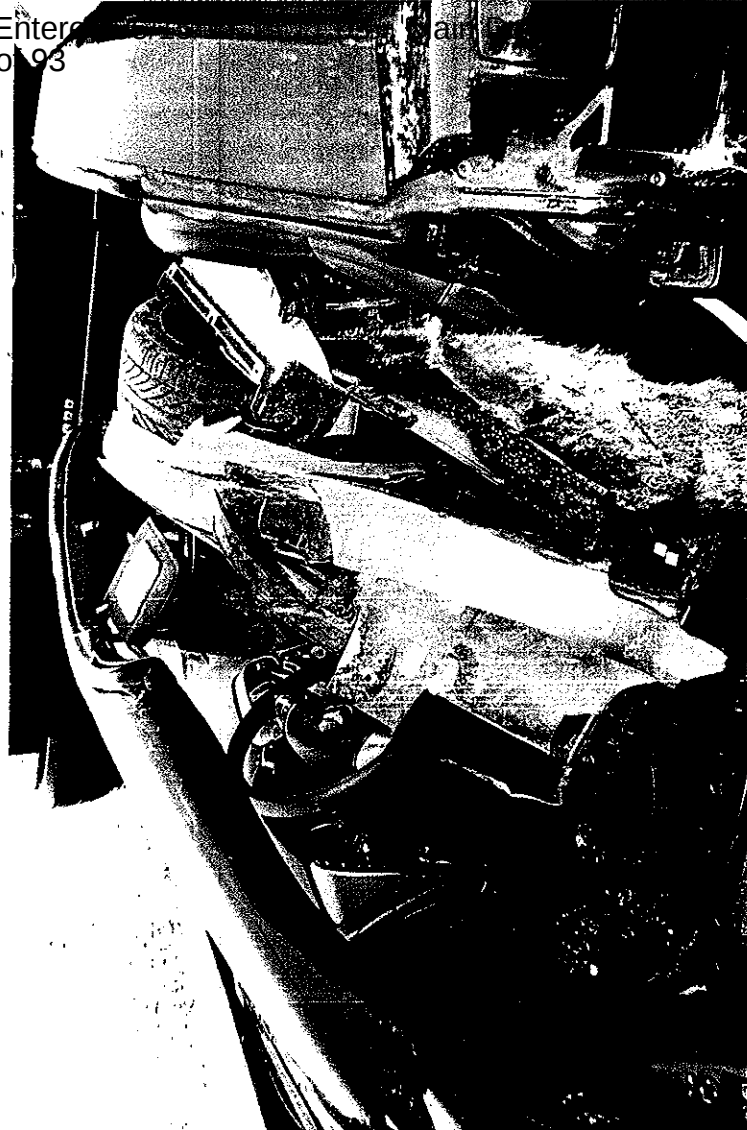




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Pg 3

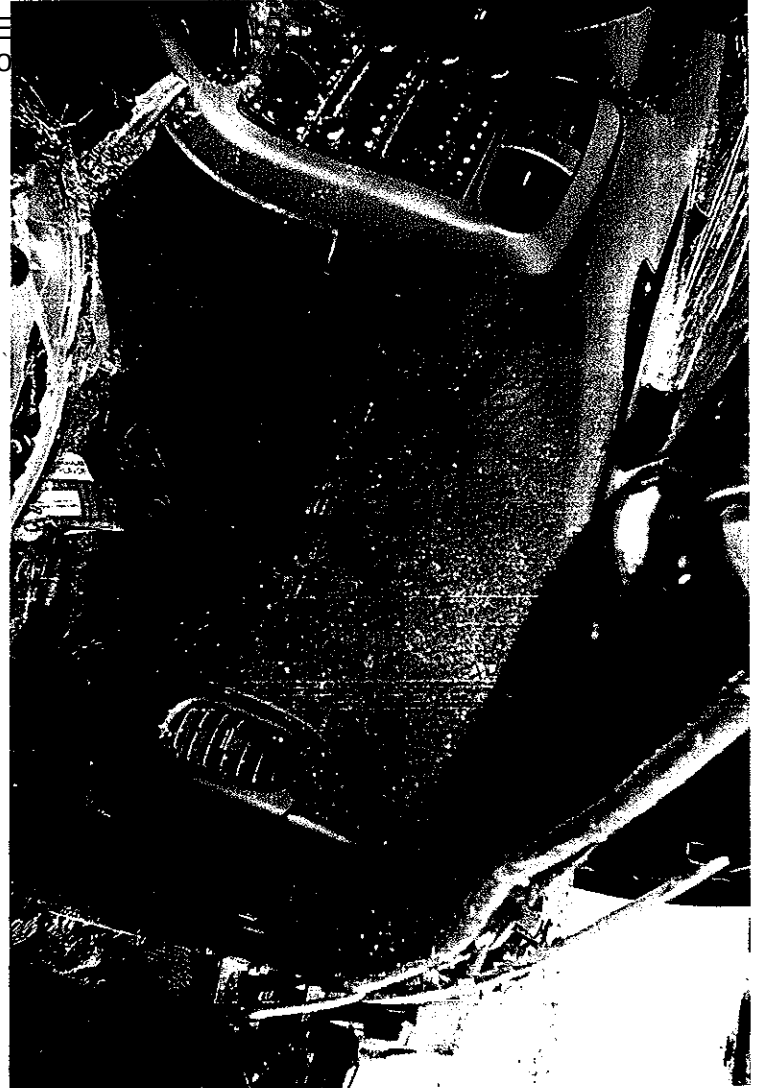


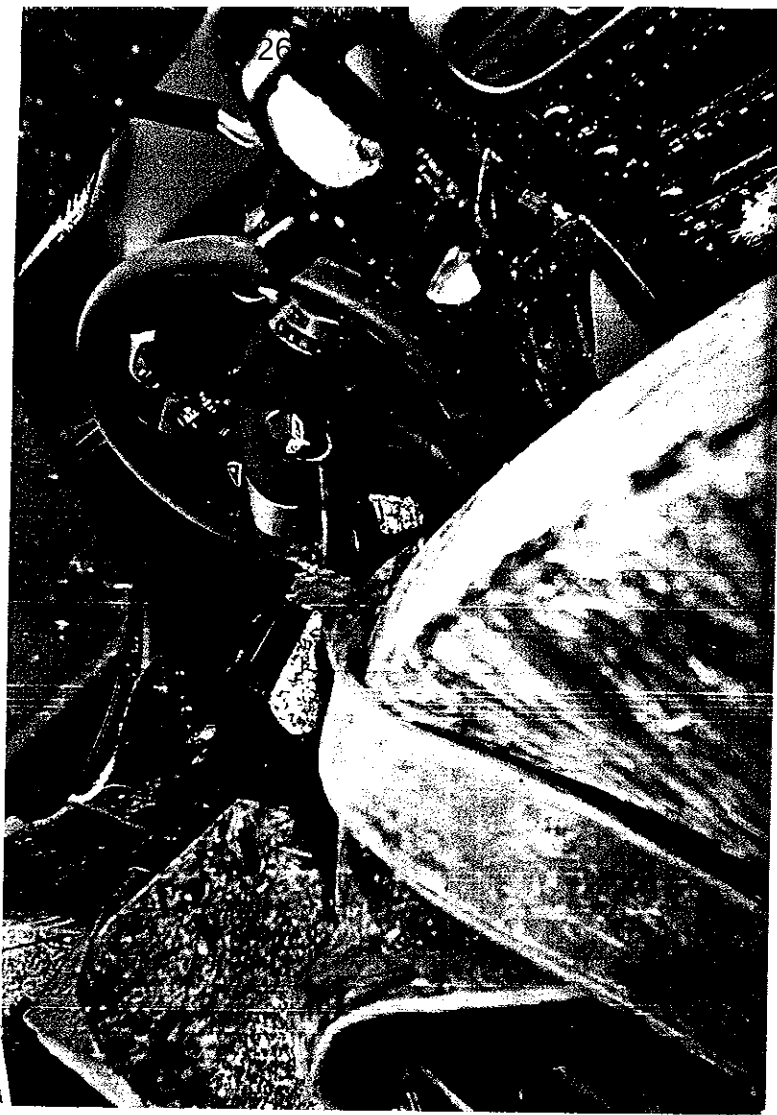
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Pg 39 o







82293

THE STATE OF TEXAS

JUSTICE OF THE PEACE

VS.

PCT. 1 , PLACE 1

WARWAS JR., TOMMY EDWARD

COUNTY OF ORANGE

JUDGMENT

CAME ON to be heard this the 15th day of July , 2009 ,
the above styled case and cause, wherein a plea of NOT GUILTY to
the accusation contained in the complaint was entered for the
Defendant in person and/or by and through their attorneys. The
Court found that the case should be dismissed due to insufficient
evidence for the offense of:
UNSAFE SPEED (TOO FAST FOR CONDITIONS)

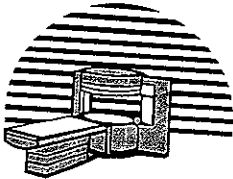
IT IS THEREFORE the Judgement of this Court that ORANGE
County does not have and recover of the defendant the sum of
\$195.00, and that the case is therefore dismissed.



PRESIDING JUDGE
ORANGE County, Texas

APRIL 27, 2010

THE COST FOR THE FOUR MRI'S BEING ORDERED ON MR TOM WARWAS IS \$650.00 UP FRONT IN FULL PER EXAM. THE MRI'S BEING ORDERED ARE THORACIC/LUMBAR & BOTH SHOULDERS. THE TOTAL COST UP FRONT IN FULL WILL BE \$2600.00.



OPEN AIR MRI
OF LAKE CHARLES

3114 Lake Street • Lake Charles, LA 70601
337.474.3333
www.openairmrioflc.com

H. Boudreaux
Open Air MRI of LC
Secretary







OUR LADY OF LOURDES

REGIONAL MEDICAL CENTER

Franciscan Missionaries of Our Lady Health System

June 9, 2009

WARWAS,TOM
P O BOX 5765
LAKE CHARLES, LA 70606

Account No.: 0904700117
Patient Name: WARWAS, TOM
Date of Service: 02-28-09

Amount Due: \$93.00

Dear TOM WARWAS:

PAST DUE NOTICE

If we do not receive the balance of your account in full or hear from you within 10 days, your account may be placed with a collection agency.

NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.

Please reference your account number on your check or money order to ensure proper credit to your account and mail in the enclosed envelope. If you would like to use a major credit card please complete and return the form below.

If your payment has been mailed, please disregard this notice.

Sincerely,

Account Representative
337-289-4866 or 866-316-6185

XAMBF\1513438\

(Please Detach and Send With Payment)

Our Lady of Lourdes Regional Medical Center
PO Box 90906
Lafayette, LA 70509-0906
Return Service Requested

Payment Type: MC ☐ VISA ☐ DSCVR ☐ AMEX ☐

Card #:

Amount Paid: \$ _____ Exp Date: _____

Cardholders Name: _____

Signature: _____

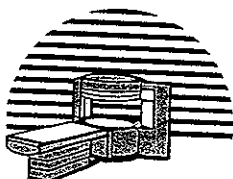
PERSONAL & CONFIDENTIAL
WARWAS,TOM
P O BOX 5765
LAKE CHARLES, LA 70606

Our Lady of Lourdes Regional Medical Center
PO Box 90906
Lafayette, LA 70509-0906



APRIL 27, 2010

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OPEN AIR MRI
OF LAKE CHARLES

3114 Lake Street • Lake Charles, LA 70601
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www.openairmriooflc.com

H. Boudreaux
Open Air MRI of LC
Secretary

82293

THE STATE OF TEXAS

JUSTICE OF THE PEACE

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PCT. 1 , PLACE 1

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JUDGMENT

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IT IS THEREFORE the Judgement of this Court that ORANGE
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PRESIDING JUDGE
ORANGE County, Texas



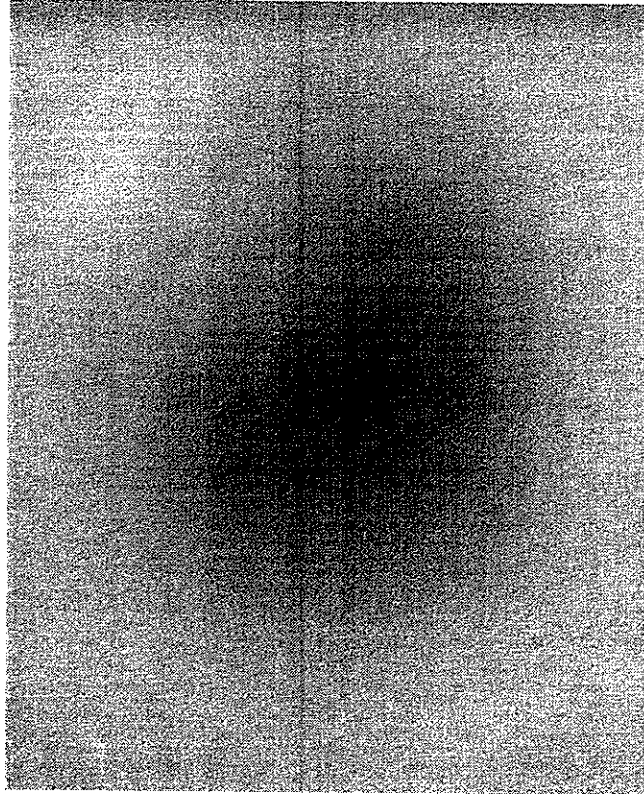
AL0640156702
WARWAS, TOMMY E
AL.EDMAIN
BURTON, JOHN M MD

Contusion (Bruise)

A contusion, or bruise, is an injury that doesn't break the skin but causes discoloration (a "black and blue" area). It forms when the small blood vessels near the skin surface break and leak blood under the skin.

Most bruises are caused by bumping into or being struck by something, usually during sports, fights, falls, or physical work (like home repairs). Some people bruise more easily than others. Certain medications (like blood thinners) and medical conditions (such as blood clotting problems and blood related diseases) can also cause people to bruise more easily.

The first signs and symptoms of a bruise are usually a red or purple bump with pain and possibly swelling. Sometimes a bruise can cause enough pain and swelling that the affected area (like a leg) is hard to move. After a day or so, the bruise may look blue or even black. It may then turn green, yellow, and brown until it fades away around a week or two later.



Treatment for most bruises focuses on reducing pain and swelling while the body heals on its own. Bruising associated with a medication, medical condition, or serious injury requires a follow-up with a primary care doctor (or recommended specialist).

Home Care

- Take over-the-counter and prescription medications for pain, swelling, and discomfort, as directed by the doctor. *Don't take or give aspirin or any aspirin-containing products unless your doctor says it's okay.*
- Make a follow-up appointment with your primary care doctor or a recommended specialist.
- Don't rub or massage the bruised area. It can make the pain and swelling worse and lead to other problems.
- Use **RICE** therapy to reduce pain and swelling and aid healing, as follows:
 - **R**-est the affected area as much as you can. Protect it from further injury and start using it again slowly.
 - **I**-ce the bruise for the first 48 hours. Apply an ice pack for 20 minutes on, then 20 minutes off. After 48 hours, use a heating pad for 20 minutes on then off.
 - **C**-ompress the bruised area by lightly wrapping it with an elastic bandage.
 - **E**-levate the injured area above or level with your heart, as much as possible.

a quick reaction.

- Tell your child's school, daycare provider, etc. what to watch for and which activities to restrict.
- If you or your child had a head injury:
 - Watch for signs of concussion, including confusion, headache, dizziness, vomiting, loss of balance, double or fuzzy vision, and memory or concentration problems.
 - Make sure someone stays with you/your child for at least the first 24-48 hours after the accident.
 - Write things down if you need help remembering.
 - Until the doctor says it's okay, avoid sports and activities that can result in another head injury.

Prevention

- Obey all speed limits and traffic laws.
- Drive *defensively* (trying to avoid risk and danger) and with courtesy (respectful and polite to others)
- Don't be distracted while driving by using a cell phone, eating, reading, watching TV, or applying makeup.
- Always wear a seat belt, and have children wear the proper safety restraints according to federal standards.

When to Call the Doctor

Call emergency medical help right away, if you or your child:

- have chest pain or difficulty breathing
- develop abdominal pain
- has a sudden, severe headache or headaches that get worse
- has difficulty speaking or seeing
- can't move or feel part of the body
- feel weak or numb in any part of the body
- has coordination/balance problems that get worse
- has slurred speech
- cannot be awakened from sleep
- have blood in the urine

Call the doctor, or go to the Emergency Department, right away if you or your child:

- develop new or worsening symptoms
- vomits more than once
- has clear fluid draining from the nose or ears
- can't be comforted or won't stop crying (children)
- don't want to eat or drink

If you are a pregnant woman and have any of the following, call your doctor or go to the Emergency Department right away:

- labor contractions
- abdominal pain
- bleeding from your vagina
- blood clots, white or gray tissue, or fluid passing from your vagina

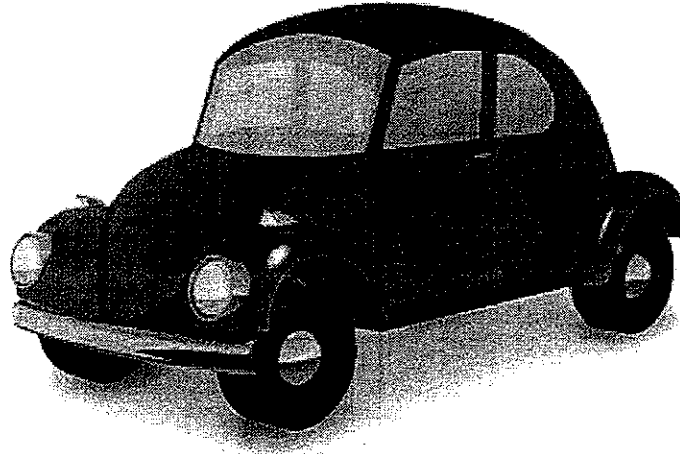


AL0640156702
WARWAS, TOMMY E
AL.EDMAIN
BURTON, JOHN M MD

Motor Vehicle Accident

Motor vehicle accidents are one of the leading causes of injuries. Even a low-speed (5-10 mph) crash with little or no vehicle damage can result in some minor injuries.

Injuries caused by motor vehicle accidents range from minor cuts, bruises, and scrapes to back and neck injuries (such as strained neck muscles), broken bones, head injuries (like a *concussion*, which affects thinking and balance), and severe internal injuries (to the chest or abdominal organs).



Signs and symptoms of an injury from a crash may include neck pain and stiffness, headaches, chest pain, difficulty breathing, abdominal pain, dizziness, loss of balance, ear ringing, blurred vision, memory problems, difficulty concentrating, moodiness, tiredness, sleep problems, upper or lower back pain, and arm, hand, leg, or foot pain.

Anyone can be injured in a motor vehicle accident, but children are hurt more frequently. Most injuries occur from not using the proper safety restraints (seatbelts, carseats, etc.). A child not properly restrained or sitting in an adult's lap can receive serious injuries, even at low speeds or during sudden stops.

Most minor accidents result in little, if any, serious injury. They usually cause strained muscles and bruises, which go away in a few days. Treatment for more serious injuries depends on the type and severity of the injury and the parts of the body involved. This may include casting of broken bones, short or long term physical therapy, surgery, and "watchful waiting." It can take days or even weeks for some injuries to appear, and some that don't seem too serious may get worse over time. A follow-up with your primary care doctor is very important.

Home Care

- If the doctor prescribed any medications, take them exactly as prescribed.
- Make a follow-up appointment with your primary care doctor (or recommended specialist) as soon as possible.
- Take only medications that your/your child's doctor has approved.
- If you are a pregnant woman, see your obstetrician as soon as possible.
- Watch for signs of *whiplash* (sudden neck strain), particularly neck, shoulder, or back pain or stiffness, and pain or numbness in the hands.
- Don't drink alcohol or take recreational drugs.
- Get plenty of rest during the day and sleep at night.
- Resume normal activities slowly.
- Ask your doctor when you can drive a car or operate any other equipment that requires

DATE	DOCTOR	CPT	DESCRIPTION OF SERVICE	AMOUNT
03/15/09	E	73030	SHOULDER COMPLETE MINIMUM TWO VIEWS	\$34.00

PAYMENT DUE ON: 04/09/2009

BALANCE DUE: \$34.00

Patient: WARWAS TOMMY E	Account Number: 0640156702	Statement Date: 03/25/2009
Location: ST PATRICK HOSPITAL	Referring Physician: JOHN BURTON	
<p>IF YOU HAVE INSURANCE, PLEASE CONTACT OUR OFFICE IMMEDIATELY. THIS IS THE ONLY STATEMENT YOU WILL RECEIVE. PLEASE PAY IN FULL BY DUE DATE SHOWN ABOVE.</p> <p>DIAGNOSIS: 0184504-0007238-127870-001-000166-#008377</p> <p>Phone: 337/439-4706 IRS# 74-1740101</p>		
<p>Radiology Assoc Of SW LA PO Box 3749 Lake Charles LA 70602</p>		

Prevention

- Wear the proper protective gear while participating in sports and other activities that may cause an injury.
- Take special care to avoid injury if you are taking a blood thinning medication or have blood clotting problems or a blood related disease.

When to Call the Doctor

Call your doctor, or go to the Emergency Department, if you develop:

- fever
- a red, swollen, or painful joint
- a bruise from a very light bump or for no obvious reason
- bruises and are taking a blood thinning medication or have blood clotting problems or a blood related disease
- bleeding from your nose or gums, or have blood in your eyes, urine, or stool
- any worsening symptoms

Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.



Medicare Summary Notice

June 04, 2011

TOMMY E. WARWAS
P O BOX 5765
LAKE CHARLES LA 70606-5765

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-2749A

If you have questions, call 1-800-Medicare
(1-800-633-4227)(#52280)

Ask for Hospital Services
TTY for hearing impaired: 1-877-486-2048

Appeals Address: Please see the General
Information Section.

BE INFORMED: You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 03/25/2011 through 05/11/2011.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21108100312502NTA 03 Southwest Louisiana Hospital As 1701 Oak Park Blvd Lake Charles, LA 70601 Referred by: Ameer Khan						a,b,c
02/09/11	Routine venipuncture (36415)	\$12.50	\$0.00	\$0.00	\$0.00	d
	Metabolic panel total ca (80048)	127.00	0.00	0.00	0.00	d
	Lipid panel (80061)	53.50	53.50	0.00	53.50	e
	Hepatic function panel (80076)	134.50	0.00	0.00	0.00	d
	Complete cbc w/auto diff wbc (85025)	43.00	43.00	0.00	43.00	f
	Claim Total	\$370.50	\$96.50	\$0.00	\$96.50	
Control number 21110100574502NTA 03 Southwest Louisiana Hospital As 1701 Oak Park Blvd Lake Charles, LA 70601 Referred by: Ameer Khan						b,c,g
03/07/11-03/31/11	TENS suppl 2 lead per month (A4595)	\$53.50	\$53.50	\$0.00	\$0.00	h,i (continued)

THIS IS NOT A BILL - Keep this notice for your records.

0804000000

Your Medicare Number: XXX-XX-2749A

Page 04 of 07
June 04, 2011**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
04/07/11-04/27/11	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
Claim Total		\$1,804.00	\$441.00	\$70.54	\$70.54	

Notes Section:

- a The amount Medicare paid the provider for this claim is \$17.87.
- b This information is being sent to your private insurer(s).
Send any questions regarding your benefits to them.

(continued)

0807000000

Your Medicare Number: XXX-XX-2749A

Page 03 of 07

June 04, 2011

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
03/07/11-03/31/11	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	200.67	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	85.83	0.00	15.86	15.86	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	133.78	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	57.22	0.00	10.79	10.79	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Therapeutic exercises (97110)	66.89	0.00	0.00	0.00	i,k
	Therapeutic exercises (97110)	28.61	0.00	5.72	5.72	
	Pt evaluation (97001)	169.36	0.00	0.00	0.00	i,k
	Pt evaluation (97001)	70.14	0.00	14.03	14.03	
Claim Total		\$3,326.50	\$746.50	\$135.40	\$135.40	
Control number 21112500291402NTA 03						
Southwest Louisiana Hospital As						
1701 Oak Park Blvd						
Lake Charles, LA 70601						
Referred by: Ameer Khan						
04/07/11-04/27/11	Elec stim other than wound (G0283)	\$48.88	\$0.00	\$0.00	\$0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
						(continued)

0806000000

Your Medicare Number: XXX-XX-2749A

Page 02 of 07

June 04, 2011

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
03/07/11-03/31/11	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Elec stim other than wound (G0283)	48.88	0.00	0.00	0.00	i,k
	Elec stim other than wound (G0283)	12.12	0.00	2.14	2.14	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.23	3.23	
	Group therapeutic procedures (97150)	35.14	0.00	0.00	0.00	i,k
	Group therapeutic procedures (97150)	18.36	0.00	3.67	3.67	
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l
	Hot or cold packs therapy (97010)	63.00	63.00	0.00	0.00	i,l

(continued)

0805000000

Your Medicare Number: XXX-XX-2749A

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June 04, 2011

Notes Section: (continued)

- c This information is being sent to Medicaid. They will review it to see if additional benefits can be paid.
- d This service is paid at 100% of the Medicare approved amount.
- e The following policies 190.23
were used when we made this decision. If the policy begins with 40, use the October 2004 version. If the policy begins with 190.xx use the January 2005 version. This information can be found at CMS's web site at: www.cms.hhs.gov/coverage/labindexlist.asp#coding If the policy begins with an L, it is a local policy, and you can contact your intermediary for more information.
- f The following policies 190.15
were used when we made this decision. If the policy begins with 40, use the October 2004 version. If the policy begins with 190.xx use the January 2005 version. This information can be found at CMS's web site at: www.cms.hhs.gov/coverage/labindexlist.asp#coding If the policy begins with an L, it is a local policy, and you can contact your intermediary for more information.
- g The amount Medicare paid the provider for this claim is \$541.46.
- h The provider billed this charge as non-covered.
- i You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column.
- j The approved amount is based on a special payment method.
- k This amount is the difference in billed amount and Medicare approved amount.
- l Medicare does not pay separately for this service.
- m The amount Medicare paid the provider for this claim is \$282.12.

0808000000



February 8, 2010

Mr. Tom Warwas
Po Box 5765
Lake Charles, LA 70606

Service request: 71-800293829
Vehicle Identification Number: 1G1YY26U475129317
Customer Relationship Specialist: Brandy

Dear Mr. Warwas:

Thank you for allowing us the opportunity to review the product allegation involving your 2007 Chevrolet Corvette. Unfortunately, our attempts to reach you by phone on February 4 and 5 were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days.

Please contact our Business Resource Center at 1-800-231-1841 Monday through Friday between 9:30 a.m. and 6:00 p.m., Eastern Time. Please refer to your service request number above when calling.

Sincerely,

General Motors

cc: FILE

PA0005
V10202009

Dept 842 6083787310042
PO Box 4115
Concord, CA 94524



RRS RECEIVABLE RECOVERY SERVICES, L.L.C.

110 Veterans Blvd., Suite 445, Metairie, LA 70005
504-837-0116 * Fax 504-837-0376 * 800-459-0116

Return Service Requested



2076815
TOMMY E WARWAS
PO BOX 5765
LAKE CHARLES LA 70606-5765

RE: OUR LADY OF LOURDES
DATE: 04-08-10
ACCOUNT: 0917000091
BALANCE: \$59.00
PATIENT NAME: WARWAS, TOMMY E

NOTICE OF DEFAULT

Your account is seriously past due and payment in full is required.

We have been retained by the above creditor to present this claim on their behalf.

If you cannot pay this amount in full, please call our office to make suitable arrangements. If we do not hear from you, we will assume that you have no intention of paying this debt and proceed accordingly.

Our client's records indicate that the above balance is your responsibility. If you have health insurance covering these specific charges, please call us immediately with the information.

This bill may be reported to a credit reporting bureau if not paid in full within 45 days from the date we first received your account.

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor.

NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.



In order to credit your account properly, please return this bottom portion with your payment.



RE: OUR LADY OF LOURDES
DATE: 04-08-10
ACCOUNT: 0917000091
BALANCE: \$59.00
AMOUNT ENCLOSED: \$ _____

To pay online, please visit our website:
www.rrspay.com
Use Account #: 2076815

Receivable Recovery Services, LLC.
P.O. Box 7100
Metairie, LA 70010-7100



IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMEX, FILL OUT BELOW.

CHECK CARD USAGE FOR PAYMENT			
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP DATE	
DATE	PAY THIS AMOUNT	ACCOUNT #	
04-08-10	\$59.00	0917000091	
Card holder's phone #		SHOW AMOUNT PAID HERE \$	

TOMMY E WARWAS 2076815
PO BOX 5765
LAKE CHARLES LA 70606-5765



DELTA
FINANCIAL SERVICES

1442 South College
Lafayette LA 70503-2912

(337) 265-2840



Name: Tommy E Warwas
Ref No: 1180287
Balance: \$124.18

FINAL DEMAND FOR PAYMENT

Demand for this claim was sent to you previously. According to our records neither payment nor valid reason for non-payment has been received. We must make final disposition of this claim within ten days time. To avoid further measures remit by cash, check, or money order immediately. Your creditors are listed as follows:

Emergency Medicine Specia 124.18

Your balance is now \$124.18. How we proceed now is up to you. Visa and MasterCard accepted!

This is an attempt to collect a debt and any information obtained will be used for that purpose.

This communication is from a debt collector.

Please call (337) 265-2840 if you have any questions.

Detach Lower Portion and Return with Payment

NONDELTO1211

PO Box 52253
Lafayette LA 70505-2253
RETURN SERVICE REQUESTED



Account Number	Exp Date
Card Holder Name	Pmt Amt
Signature of Card Holder	Date

April 15, 2010

1180287-211 678949 001536



Tommy Warwas
PO Box 5765
Lake Charles LA 70606-5765

Delta Financial Services
PO Box 52253
Lafayette LA 70505-2253



Ref No.: 1180287
Balance: \$124.18

Anne
C1m # 10136 24191-1-11

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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[illegible]



Form CR-3
(Rev. 03/09)
(GSD-EPC)

PAGE 1 OF 2

PLACE WHERE CRASH OCCURRED		COUNTY <u>ORANGE</u> CITY OR TOWN <u>ORANGE</u>		LOC#	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN		MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF		ORI# <u>TX DPS 04X1</u>	
ROAD ON WHICH CRASH OCCURRED		BLOCK NUMBER <u>1H-10</u> STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPEED LIMIT <u>70</u>	
INTERSECTING STREET OR RR X'ING NUMBER		BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE		CONSTRUCTION ZONE WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT	
NOT AT INTERSECTION <u>.1</u>		<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <u>SIMMONS DR</u>		MILEPOST <u>878</u> LATITUDE <u>30.118A</u> LONGITUDE <u>93.435A</u>	
DATE OF CRASH		MONTH <u>MARCH</u> DAY <u>13</u> YEAR <u>09</u> DAY OF WEEK <u>FRIDAY</u> HOUR <u>3:00</u>		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM IF EXACTLY NOON OR MIDNIGHT, SO STATE	
UNIT # <u>1</u>	<u>1</u> 1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	<u>4</u> 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	<u>7</u> 7-NON-CONTACT 8-OTHER	VIN# <u>1G1YY26U475129317</u>	ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR MODEL <u>2007</u>	COLOR & MAKE <u>BLACK/CHEVY</u>	MODEL NAME <u>CARVETTE</u>	BODY STYLE <u>2 DR SED</u>	LICENSE PLATE <u>09 LA RAG177</u>	YEAR STATE NUMBER
DRIVER'S NAME <u>WARWAS JR., TOMMY EDWARD</u>		<u>368 VANESSA AVE. LAKE CHARLES, LA. 70605</u>		<u>337-304-5945</u>	
DRIVER'S LICENSE <u>LA</u> <u>009375927</u> <u>E</u> <u>M</u>		<u>4/20/57</u>		LICENSE STATUS <u>1</u>	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u>		TEST RESULTS		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>SAME AS DRIVER</u>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)			
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>FARMERS</u>		<u>1-800-225-0011</u>		VEHICLE DAMAGE RATING <u>12-FD-4</u>	
UNIT # <u>2</u>	<u>1</u> 1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	<u>4</u> 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	<u>7</u> 7-NON-CONTACT 8-OTHER	VIN# <u>1HGFA16576L058633</u>	ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR MODEL <u>2006</u>	COLOR & MAKE <u>SILVER/HONDA</u>	MODEL NAME <u>CIVIC</u>	BODY STYLE <u>4 DR SED</u>	LICENSE PLATE <u>09 LA OAU682</u>	YEAR STATE NUMBER
DRIVER'S NAME <u>HEBERT, DUSTIN JOHN</u>		<u>7950 CLEARVIEW DR. LOT 29 LAKE CHARLES, LA. 70605</u>		<u>327-304-4802</u>	
DRIVER'S LICENSE <u>LA</u> <u>007842473</u> <u>E</u>		<u>8/11/83</u>		LICENSE STATUS <u>1</u>	
DRIVER'S ETHNICITY <u>1</u> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER		DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION <u>OTHER</u>		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <u>4</u>		TEST RESULTS		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <u>3</u> TEST RESULTS	
<input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <u>NANCY M. EISKINA</u>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)			
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>STATE FARM</u>		<u>337-475-2740</u>		VEHICLE DAMAGE RATING <u>VX-0, 1-RD-1</u>	
DAMAGE TO PROPERTY OTHER THAN VEHICLES					
<u>20 FT GUARDRAIL CABLE SYSTEM</u>		<u>TXDOT 3128 SH 62 ORANGE, TX. 77630</u>		<u>6</u> <u>\$2,500</u>	
OBJECTS		NAME AND ADDRESS OF OWNER		FEET FROM CURB DAMAGE ESTIMATE	
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
CHARGES FILED					
NAME <u>WARWAS JR., TOMMY EDWARD</u>		CHARGE <u>UNSAFE SPEED (UNDER LIMIT)</u>		CITATION# <u>TX09200FTB001</u>	
NAME		CHARGE		CITATION#	
TIME NOTIFIED OF CRASH <u>3/13/09</u>	<u>3:05 PM</u>	HOW <u>DPS BEAUMONT</u>	TIME ARRIVED AT SCENE <u>3/13/09</u>	<u>3:15 PM</u>	DATE OF REPORT <u>3/13/09</u>
TYPED OR PRINTED NAME OF INVESTIGATOR <u>S MOSES</u>		ID# <u>11877</u>	AGENCY <u>DPS/THP</u>	DIST/AREA <u>2B08</u>	REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<div>0193</div> <div> <div>Payment Method</div> <div> <div>Check <input type="checkbox"/></div> <div>Money Order <input type="checkbox"/></div> <div>Credit Card <input type="checkbox"/></div> </div> </div>		
<div>Billing Date</div> <div>11/05/2009</div>	<div>Pay This Amount</div> <div>\$ 84.00</div>	<div>Acct. #</div> <div>033534</div>
<div>Due Date</div> <div>Due Upon Receipt</div>		<div>Show Amount</div> <div>Paid Here \$</div>

ADDRESSEE:

Remit To:

Family Medical Center, 2750 Aster Street, Lake Charles, LA 70601-8824

Page 1

Partners in Physical Therapy

Patient Ledger

Sorted By: Case Number

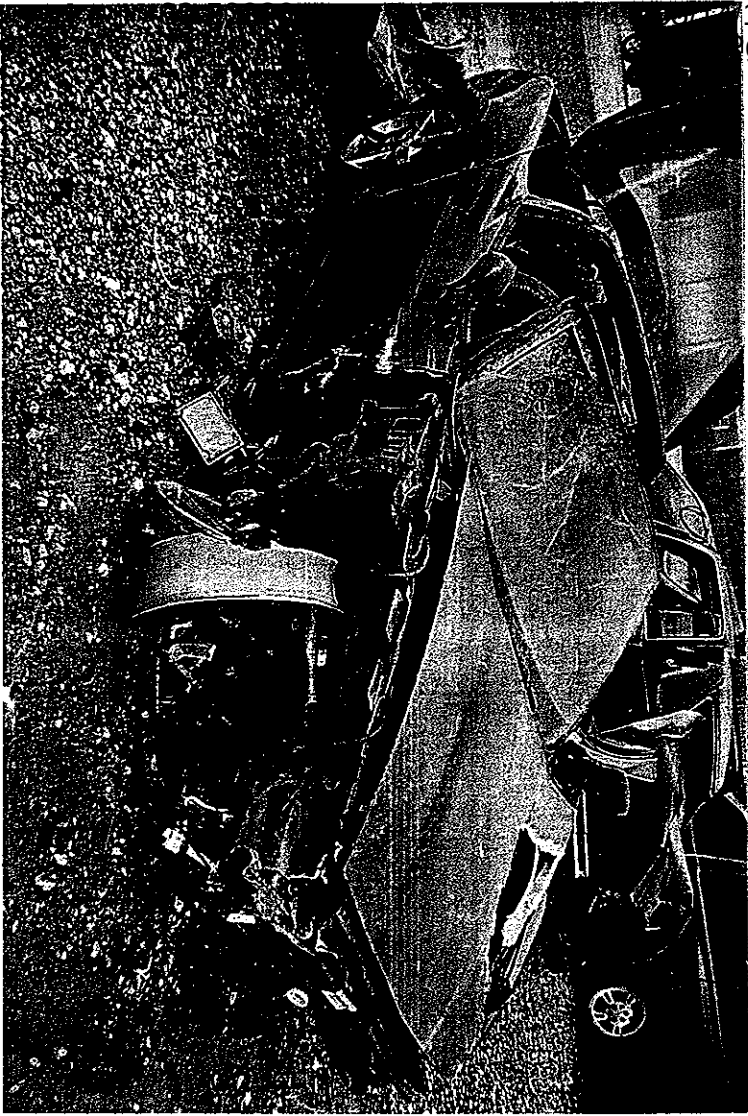
Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
79580	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0911030000	LAG	0.00
79754	12/4/2009	11		3303	97110	0912080000	FAR	90.00
79755	12/4/2009	11		3303	97140	0912080000	FAR	90.00
79804	12/8/2009		Medicare was billed	3303	INSBILLED	0912080000	LAG	0.00
80097	12/7/2009	11		3303	97140	0912090000	FAR	90.00
80098	12/7/2009	11		3303	97110	0912090000	FAR	90.00
80305	12/9/2009		Medicare was billed	3303	INSBILLED	0912090000	LAG	0.00
80539	12/9/2009	11		3303	97140	0912100000	FAR	135.00
80540	12/9/2009	11		3303	97035	0912100000	FAR	30.00
80589	12/10/2009		Medicare was billed	3303	INSBILLED	0912100000	LAG	0.00
81194	12/11/2009	11		3303	97110	0912140000	FAR	45.00
81195	12/11/2009	11		3303	97140	0912140000	FAR	135.00
81250	12/14/2009		Medicare was billed	3303	INSBILLED	0912140000	LAG	0.00
82539	12/14/2009	11		3303	97110	0912160000	LAG	90.00
82540	12/14/2009	11		3303	97140	0912160000	LAG	90.00
82579	12/16/2009		Medicare was billed	3303	INSBILLED	0912160000	LAG	0.00
82717	12/16/2009		#881313895 Medicare	3303	MEDICARE	0911240000	FAR	-42.70
82718	12/16/2009		Adjustment	3303	MEDICAREAD0911240000	FAR		-36.62
82719	12/16/2009		#881313895 Medicare	3303	MEDICARE	0911240000	FAR	-39.52
82720	12/16/2009		Adjustment	3303	MEDICAREAD0911240000	FAR		-40.60
82953	12/16/2009	11		3303	97110	0912170000	FAR	90.00
82954	12/16/2009	11		3303	97140	0912170000	FAR	90.00
82997	12/17/2009		Medicare was billed	3303	INSBILLED	0912170000	LAG	0.00
83267	12/18/2009	11		3303	97110	0912210000	MBM	45.00
83268	12/18/2009	11		3303	97140	0912210000	MBM	135.00
83543	12/21/2009		Medicare was billed	3303	INSBILLED	0912210000	LAG	0.00
83849	12/21/2009	11		3303	97110	0912220000	FAR	180.00
84626	12/21/2009		#881316957 Medicare	3303	MEDICARE	0912010000	LAG	-64.06
84627	12/21/2009		Adjustment	3303	MEDICAREAD0912010000	LAG		-54.93
84628	12/21/2009		#881316957 Medicare	3303	MEDICARE	0912010000	LAG	-8.85
84629	12/21/2009		Adjustment	3303	MEDICAREAD0912010000	LAG		-18.94
84679	12/22/2009		Medicare was billed	3303	INSBILLED	0912220000	LAG	0.00
84939	12/23/2009		Medicare was billed	3303	INSBILLED	0911160000	LAG	0.00
85682	12/28/2009		#881321166 Medicare	3303	MEDICARE	0912080000	FAR	-42.70
85683	12/28/2009		Adjustment	3303	MEDICAREAD0912080000	FAR		-36.62
85684	12/28/2009		#881321166 Medicare	3303	MEDICARE	0912080000	FAR	-39.52
85685	12/28/2009		Adjustment	3303	MEDICAREAD0912080000	FAR		-40.60
86922	1/4/2010		Patient statement was billed	3303	STMTBILLED	0910230000	LAG	0.00
87121	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912090000	FAR	-39.52
87122	12/31/2009		Adjustment	3303	MEDICAREAD0912090000	FAR		-40.60
87123	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912090000	FAR	-42.70
87124	12/31/2009		Adjustment	3303	MEDICAREAD0912090000	FAR		-36.62
87125	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912100000	FAR	-59.28
87126	12/31/2009		Adjustment	3303	MEDICAREAD0912100000	FAR		-60.90
87127	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912100000	FAR	-8.85
87128	12/31/2009		Adjustment	3303	MEDICAREAD0912100000	FAR		-18.94
87129	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912140000	FAR	-21.35

Partners in Physical Therapy

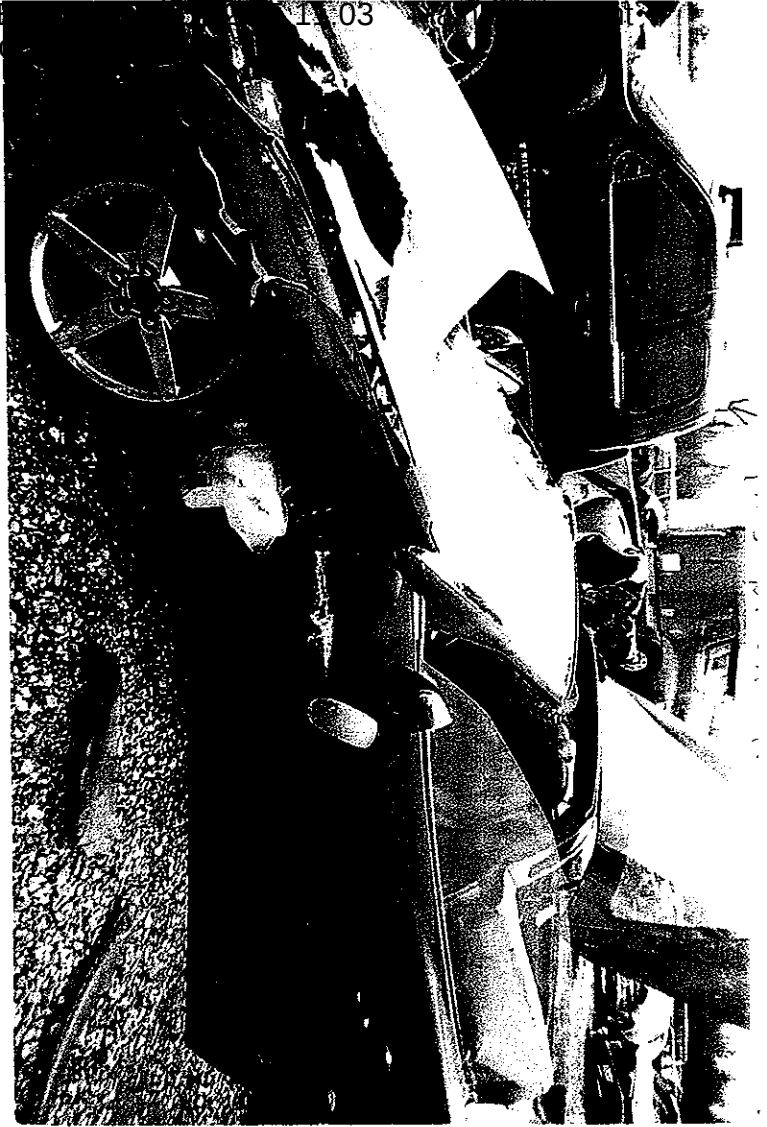
Patient Ledger

Sorted By: Case Number

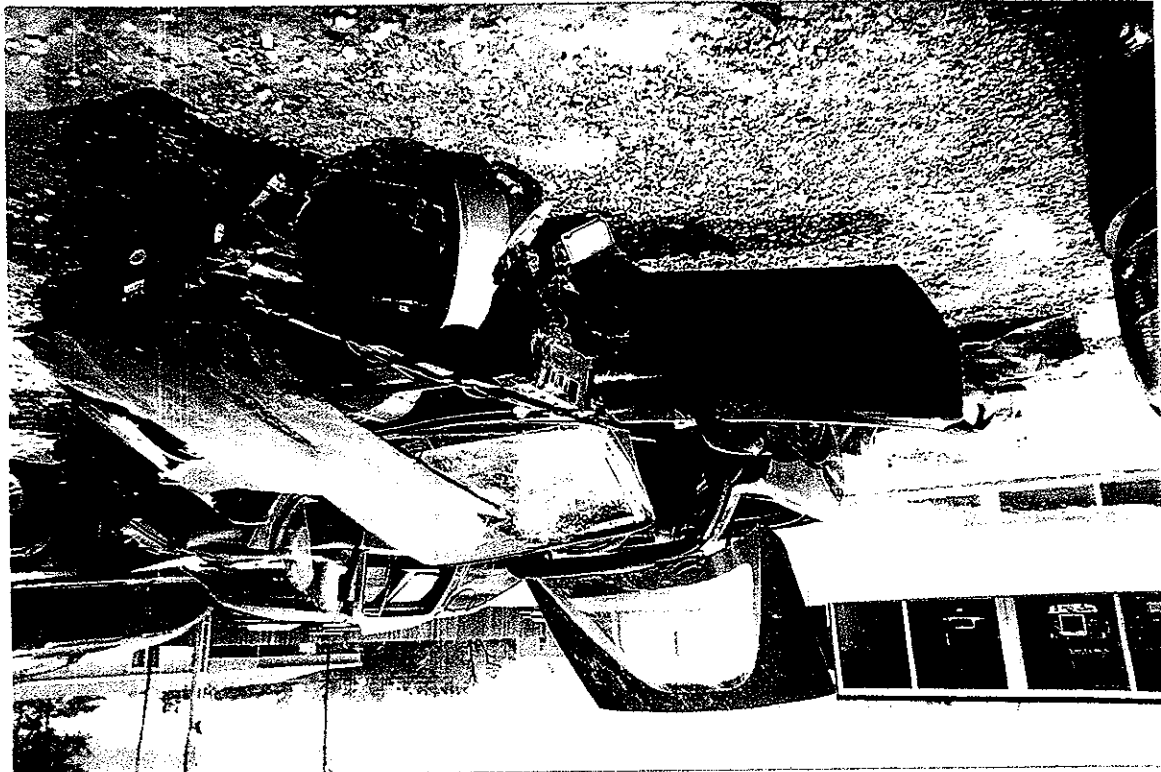
Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
74910	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911020000	LAG	-42.70
74911	11/20/2009		Adjustment	3303	MEDICAREAD0911020000		LAG	-36.62
74912	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911020000	LAG	-39.52
74913	11/20/2009		Adjustment	3303	MEDICAREAD0911020000		LAG	-40.60
74914	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-39.52
74915	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-40.60
74916	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-21.35
74917	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-18.31
74918	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-12.28
74919	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-16.65
75374	11/19/2009	11		3303	97110	0911240000	FAR	90.00
75375	11/19/2009	11		3303	97140	0911240000	FAR	90.00
75581	11/25/2009		Medicare was billed	3303	INSBILLED	0911240000	LAG	0.00
76416	11/30/2009	11		3303	NOSHOW	0912010000	LAG	25.00
76681	11/24/2009	11		3303	97110	0912010000	LAG	135.00
76682	11/24/2009	11		3303	97035	0912010000	LAG	30.00
77140	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-59.28
77141	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-60.90
77142	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-12.28
77143	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-16.65
77144	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-42.70
77145	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-36.62
77146	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-39.52
77147	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-40.60
77148	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-21.00
77279	11/30/2009		#881303449 Medicare	3303	MEDICARE	0911110000	FAR	-42.70
77280	11/30/2009		Adjustment	3303	MEDICAREAD0911110000		FAR	-36.62
77281	11/30/2009		#881303449 Medicare	3303	MEDICARE	0911110000	FAR	-39.52
77282	11/30/2009		Adjustment	3303	MEDICAREAD0911110000		FAR	-40.60
78353	12/3/2009		Medicare was billed	3303	INSBILLED	0912010000	LAG	0.00
78780	12/3/2009		Patient statement was billed	3303	STMTBILLED	0911160000	LAG	0.00
79251	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-42.70
79252	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-36.62
79253	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-39.52
79254	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-40.60
79255	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-39.52
79256	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-40.60
79257	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-42.70
79258	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-36.62
79259	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-39.52
79260	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-40.60
79261	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-21.35
79262	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-18.31
79263	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-12.28
79264	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-16.65
79575	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0910290000	LAG	0.00
79576	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0911020000	LAG	0.00



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next day's press.

THIS NOTICE IS REQUIRED BY LAW. IT DOES NOT CONSTITUTE AN ADMISSION OF
LIABILITY BY THE INSURANCE COMPANY.

REQUIRED NOTICE TO INSURANCE CLAIMANTS FOR MOTOR VEHICLE REPAIRS

By law, you have the right to select where your motor vehicle is repaired and the parts used for repairs. However, an insurance company is not required to pay more than a reasonable amount for such repairs and parts. Your statutory rights regarding motor vehicle repairs are explained in the copy of the Insurance Code §§1952.301 to 1952.307, printed on the reverse side of this notice or attached to this notice. If the costs of repairing your vehicle are to be paid under an insurance policy issued by us, the nature of the coverage is stated in more detail in the applicable policy. For detailed information regarding the insurance policy, contact:

NAME OF INSURANCE COMPANY: Farmers Texas County Mutual Insurance
Company
MAILING ADDRESS: P.O. Box 268994
Oklahoma City, OK 73126-8994
TELEPHONE: (800) HelpPoint – (800) 435-7764
FAX: (877) 217-1389
E-MAIL ADDRESS: claimsdocuments@farmersinsurance.com

For questions about your statutory rights regarding motor vehicle repairs under the Insurance Code §§1952.301 to 1952.307, contact the Texas Department of Insurance. You may write to the Consumer Protection Division at P.O. Box 149091, Austin, TX 78714-9091, call 1-800-252-3439, fax 1-512-475-1771, e-mail ConsumerProtection@tdi.state.tx.us, or visit the Department online at <http://www.tdi.state.tx.us>.

05 02 001167 FXRR60LD01 CD0314P1 05 001167



FARMERS

Send all correspondence to:
Farmers National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389
Email: claimsdocuments@farmersinsurance.com

March 14, 2009

001167



Tommy E Warwas
PO Box 5765
Lake Charles, LA 70606-5765

RE: Claim Number: 1013694191
Policy Number: 0041959285
Date of Loss: 03/13/2009

Dear Tommy Warwas:

This letter is to confirm the report of a recent claim and to provide you with important details about our claims process. A claims professional out of our Total Loss COE claims office has been assigned to work with you. If you ever need to contact your assigned claims representative directly, please feel free to call them at (800) 435-7764; simply refer to your assigned claim number shown above. Your claims representative will be responsible for explaining the claims process to you, keeping you informed and ensuring that you understand your specific outcome. You can help us speed the process along by sharing all the details of your loss, providing requested documents as soon as possible and asking questions about any part of the process that is unclear to you. By this letter, we are advising you of your responsibility to take the necessary steps to protect your vehicle from further damages including avoiding unnecessary storage expenses.

For your convenience, you may obtain information about your claim online at our web site www.farmers.com within our "Manage My Policies" feature. Enrolling is simple and if you are already enrolled, enter your User ID and Password to obtain updates about your claim.

Our goal is to provide you with the best possible service, including a clear understanding of your claims process and outcome, and to respond promptly to your inquiries. Your claims representative is available to answer your questions and can be reached at (800) 435-7764. If you need emergency assistance after our normal business hours — 8 a.m. to 4:30 p.m. Monday through Friday — please call Farmers HelpPoint at (800) HelpPoint — (800) 435-7764.

Sincerely,

Farmers Texas County Mutual Insurance Company

PXRR60LD11

LYNN E. FORET, M.D.
A Professional Medical Corporation
ORTHOPAEDIC SURGERY
640 S. Ryan Street
Lake Charles, LA 70601
Telephone: (337) 562-1000

Lynn E. Foret, M.D.
NARCOTIC REG. NO. DEA AF 9563861
ID #72-1012121

NAME Tom Warren D.O.B. _____
ADDRESS _____ DATE 07-08-09

R MRI

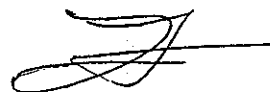
Thoracic w/o

Lumbar w/o

Bilateral Shoulders w/o

723.1
724.2
719.41

GENERIC _____
LABEL _____
SAFETY CAP _____
REFILL _____ TIMES



LCP 16657



AL0640156702
WARWAS,TOMMY E
AL.EDMAIN
BURTON,JOHN M MD

Patient Visit Information

Staff

Your caregivers today were:

Physician BURTON,JOHN M MD
Practitioner DAVID GUILLORY
Nurse AWF

Patient Instructions Reviewed

Contusion
Motor Vehicle Accident

received 03/15/09 - 1813

Activity Restrictions or Additional Instructions

FOLLOW UP WITH ORTHOPEDIC MD THIS WEEK IF NOT BETTER OR RETURN HERE IF WORSE.
TAKE MEDICATION AS DIRECTED. USE ICE - NO HEAT.

Medication Dose and Instructions

Naproxen Ec (Naprosyn Ec) 1 TAB, ORAL TWICE A DAY, #30

Follow-up

WARWAS,TOMMY E has been referred to the following clinics/specialists for follow up care:

UNASSIGNED,ED

GOOLSBY,HENRY J III MD
501 DR. MICHAEL DEBAKEY DRIVE
LAKE CHARLES, LA 70601
Ph: (337) 433-8400
Fax: (337) 312-8411

Insurance Code 1952.305

- (a) At the time a motor vehicle is presented to an insurer, an insurance adjuster, or other person in connection with a claim for damage repair, the insurer, insurance adjuster, or other person shall provide to the beneficiary or third-party claimant notice of the provisions of this subchapter.
- (b) The commissioner shall adopt a rule establishing the method or methods insurers must use to comply with the notice provisions of this section.

Insurance Code 1952.306

A beneficiary, third-party claimant, or repair person or facility may submit a written, documented complaint to the department with respect to an alleged violation of this subchapter.

Insurance Code 1952.307

Rules adopted by the commissioner to implement this subchapter must include requirements that:

- (1) any limitation described by Section 1952.301(a) be clearly and prominently displayed on the face of the insurance policy or certificate in lieu of an insurance policy; and
- (2) the insured give written consent to a limitation described by Section 1952.301(a) after the insured is notified orally and in writing of the limitation at the time the insurance policy is purchased.

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LA LEY REQUIERE ESTE AVISO, PERO NO CONSTITUYE ADMISIÓN DE
RESPONSABILIDAD CIVIL DE LA COMPAÑÍA ASEGURADORA.

**AVISO OBLIGATORIO A LOS QUE PRESENTAN RECLAMACIONES
PARA REPARACIÓN DE VEHÍCULO DE MOTOR**

Por ley, usted tiene derecho a escoger donde desea que su vehículo sea reparado y las refacciones que se usen en la reparación. Sin embargo, la compañía aseguradora no está obligada a pagar más de la cantidad razonable por las reparaciones y refacciones. Sus derechos por estatuto concernientes a las reparaciones de vehículo de motor están descritos en la copia del Código de Seguros §§1952.301 a 1952.307, impreso al reverse de este aviso o adjunto a este aviso. Si el costo de reparar su vehículo debe ser pagado bajo una póliza de seguro que nosotros dimos, la naturaleza técnica de la cobertura es establecida en más detalle en la póliza aplicable. Para información detallada acerca de la póliza de seguro, contacte:

NOMBRE DE LA COMPAÑÍA ASEGURADORA: Farmers Texas County Mutual Insurance Company

DIRECCIÓN DE CORREOS:

P.O. Box 268994

Oklahoma City, OK 73126-8994

TELÉFONO:

(800) HelpPoint – (800) 435-7764

FAX:

(877) 217-1389

DIRECCIÓN DE E-MAIL:

claimsdocuments@farmersinsurance.com

Para preguntas sobre sus derechos por estatuto respecto a las reparaciones de vehículo de motor bajo el Código de Seguros §§1952.301 a 1952.307, comuníquese con el Departamento de Seguros de Texas (Texas Department of Insurance o TDI). Puede escribir a Consumer Protection Division al P. O. Box 149091, Austin, TX 78714-9091, llamar al 1-800-252-3439, enviar fax al 1-512-475-1771, e-mail a ConsumerProtection@tdi.state.tx.us o visitar el sitio electrónico de TDI por internet al <http://www.tdi.state.tx.us>.

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Insurance Code 1952.301 – 1952.307

Insurance Code 1952.301

- (a) Except as provided by rules adopted by the commissioner, under an automobile insurance policy that is delivered, issued for delivery, or renewed in this state, an insurer may not directly or indirectly limit the insurer's coverage under a policy covering damage to a motor vehicle by:
- (1) specifying the brand, type, kind, age, vendor, supplier, or condition of parts or products that may be used to repair the vehicle; or
 - (2) limiting the beneficiary of the policy from selecting a repair person or facility to repair damage to the vehicle.
- (b) In settling a liability claim by a third party against an insured for property damage claimed by the third party, an insurer may not require the third-party claimant to have repairs made by a particular repair person or facility or to use a particular brand, type, kind, age, vendor, supplier, or condition of parts or products.

Insurance Code 1952.302

In connection with the repair of damage to a motor vehicle covered under an automobile insurance policy, an insurer, an employee or agent of an insurer, an insurance adjuster, or an entity that employs an insurance adjuster may not:

- (1) solicit or accept a referral fee or gratuity in exchange for referring a beneficiary or third-party claimant to a repair person or facility to repair the damage;
- (2) state or suggest, either orally or in writing, to a beneficiary that the beneficiary must use a specific repair person or facility or a repair person or facility identified on a preferred list compiled by an insurer for the damage repair or parts replacement to be covered by the policy; or
- (3) restrict the right of a beneficiary or third-party claimant to choose a repair person or facility by requiring the beneficiary or third-party claimant to travel an unreasonable distance to repair the damage.

Insurance Code 1952.303

- (a) A contract between an insurer and a repair person or facility, including an agreement under which the repair person or facility agrees to extend discounts for parts or labor to the insurer in exchange for referrals by the insurer, may not result in a reduction of coverage under an insured's automobile insurance policy.
- (b) The commissioner may adopt rules under Chapter 542 with respect to any fraudulent activity of any party to an agreement described by Subsection (a).

Insurance Code 1952.304

An insurer may not prohibit a repair person or facility from providing a beneficiary or third-party claimant with information that states:

- (1) the description, manufacturer, or source of the parts used; and
- (2) the amounts charged to the insurer for the parts and related labor.



Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.



DELTA
FINANCIAL SERVICES

1442 South College
Lafayette LA 70503-2912

(337) 265-2840

Name: Tommy E Warwas
Ref No: 1180287
Balance: \$124.18



FINAL DEMAND FOR PAYMENT

Demand for this claim was sent to you previously. According to our records neither payment nor valid reason for non-payment has been received. We must make final disposition of this claim within ten days time. To avoid further measures remit by cash, check, or money order immediately. Your creditors are listed as follows:

Emergency Medicine Specia 124.18

Your balance is now \$124.18. How we proceed now is up to you. Visa and MasterCard accepted!

This is an attempt to collect a debt and any information obtained will be used for that purpose.

This communication is from a debt collector.

Please call (337) 265-2840 if you have any questions.

Detach Lower Portion and Return with Payment

NONDELTO1211

PO Box 52253
Lafayette LA 70505-2253
RETURN SERVICE REQUESTED



Account Number	Exp Date
Card Holder Name	\$ Pmt Amt
Signature of Card Holder	Date

April 15, 2010

1180287-211 678949 001536



Tommy Warwas
PO Box 5765
Lake Charles LA 70606-5765

Delta Financial Services

PO Box 52253

Lafayette LA 70505-2253



Ref No.: 1180287
Balance: \$124.18

Allergies: ☐ No Known Allergies ☐ Latex ☐ Food:
☐ Medications/Contrast Media:
Home medication List Obtained by: ☐ Medication brought from home ☐ Patient Report

MEDICATIONS I SHOULD TAKE AT HOME (Use additional sheet if necessary)									
Start Date	My Medicine	Strength	Dose	Route	How Often to Take Each Day	Reason	Provider Name	Recommended Changes if any / Status	
	Lyrca	150mg	1	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____	Headaches	Kammel		
	Clonazepam	1mg	1	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____	Headaches	Kammel		
	Ibuprofen	600mg	1	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> as needed	Pain	OTC	OFF	
	Nexium	40mg	1	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____	Stomach	Hutchinson	changed	
11/16/10	Topamax	200mg	1	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> bedtime	Migraines	Snatic	STOPPED AC	
	Dexilant		1	<input checked="" type="checkbox"/> By mouth Other: _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____	Stomach	Hutchinson		
	Sumatriptan	50mg	1/3	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> as needed	migraine	AMERKANN		
4/20/11	Propranolol	40	1-11	<input checked="" type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 2 or 3 times a day	headache	Snatic		
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				
				<input type="checkbox"/> By mouth Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____				

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER
611 ST LANDRY STREET, LAFAYETTE, LA 70506

OFF-SITE CLINIC
HOME MEDICATION RECONCILIATION FORM

PT#: 1032000124

WARWAS, TOMMY E JR

SERVICE: LNC

TYPE: SER

FC: BC

UNIT#: 0000526864

DOB: 04/20/57 53Y

C/M

ADMIT DATE/TIME: 11/16/10 14:14

SNATIC, STEVEN JAME

C#: 00496958

Form #



; 6/08, 04/10

* L 1 0 0 0 6 4 *

Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____
Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____
Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____

The Neurology center will send the order for your test and your insurance information to the facility above. We will ask them to call you to schedule a time that is convenient for you. If you have not received a call in two working days, please call them to schedule.

Lab Work

- ☐ Have your lab work drawn _____
- ☐ Do not eat or drink after midnight _____ OK to eat and drink after midnight
- ☐ After completing all tests, call the office within 3-5 working days for results.
- ☐ All test results will be discussed at your next appointment.

Medications

- ☐ Bring to your appointment, all the medicines, including vitamins and over the counter medicines you are taking.

Prescription refills given today: _____

- ☐ Updated list of medicines reviewed and given to patient.
- ☐ Please replace any old medicine list with your new one. Let your doctors and pharmacist know you have had changes in your medicines.

- ☐ Call the clinic if you have any questions or concerns: Phone # 337-289-4978 Fax # 337-289-4951. If you are calling after business hours, please listen for the phone number for the on call physician.

1 month
Next Appointment: Day Thurs Date May 19 Time 3:00 pm

Propanolol 40mg take 1 twice a day if not helping may increase to 1 1/2 twice a day if still no relief may increase to 2 twice a day - If still no help may also increase three times a day.

Time 3:16 Date 4, 20, 11 Tommy Warwas [Signature]
M D Y Signature/Relationship Nurse Signature

Tommy Warwas
PATIENT LABEL

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER
611 ST LANDRY STREET, LAFAYETTE, LA 70506

NEUROLOGY CENTER DISCHARGE INFORMATION



; NEW 01/10

#85630/; Rev. 2/05

TREATMENT AND BENEFIT AUTHORIZATION

11. DENTURES: I understand that the Hospital provides denture cups for me if I require them. I will take precautions to be sure my dentures are properly kept and cared for and they will be kept in the denture cup at all times when I am not wearing/using them.
12. **ADVANCED DIRECTIVES AND PATIENTS BILL OF RIGHTS. (Patient Self Determination Act)** Complete this section for acute, ambulatory surgery, observation and transitional care patients only.) I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills or powers of attorney for health care.
Please initial the following Applicable Statements:
_____ I have executed a Living Will and have been requested to supply a copy to Lourdes.
_____ I have reviewed the Living Will on file at Lourdes and it is my current copy.
_____ I have not executed a Living Will.
_____ I have received information about Advanced Directives as required by federal law.
13. Patient Information Booklet: I ☐ have received ☐ refused a Patient Information booklet/packet with the following information and understand that I can ask for help in understanding this information from my healthcare provider:
Patient Bill of Rights & Responsibilities
Personal Representative Designation Form ☐ Received ☐ Refused
Medicare Message (Medicare Message for Medicare patients only)
Your Safety & Security or Being a Partner in Healthcare Pamphlet
Smoke Free Facility & Smoke Stopping Information
14. Initial this _____ for outpatient non-surgical procedures. This Agreement shall apply to any/all outpatient Non-surgical procedures provided during the twelve (12) month period from the date indicated below for the same diagnosis and service.
PATIENT/PERSONAL REPRESENTATIVE MUST COMPLETE BY SIGNING OR INITIALING.
15. **CONSENT TO DISCLOSE GENERAL INFORMATION.** I understand that my name, location in hospital, and general condition may be provided to any person asking about me by name, and to members of the clergy, my family, individuals involved in my health care, for disaster relief efforts, or as required by law. I do ☐ do not ☐ give consent for this information to be disclosed. Except as listed _____.

(Patient/Personal Representative Signature or Initial)

I certify that I have read and fully understand this document. I, as the patient/personal representative, agree to sign this document indicating that I agree with all of its terms and statements.

Patient / Personal Representative

Relationship to Patient

_____/_____/_____
Date

Signature, Witness

_____/_____/_____
Date

Insureds Signature if not patient

_____/_____/_____
Date

PATIENT LABEL

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER
611 ST. LANDRY STREET
LAFAYETTE, LA 70506
Page 2 of 2



FARMERS

Send all correspondence to:
Farmers National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389
Email: claimsdocuments@farmersinsurance.com

March 14, 2009

001167



Tommy E Warwas

PO Box 5765

Lake Charles, LA 70606-5765

RE: Claim Number: 1013694191
Policy Number: 0041959285
Date of Loss: 03/13/2009

Dear Tommy Warwas:

This letter is to confirm the report of a recent claim and to provide you with important details about our claims process. A claims professional out of our Total Loss COE claims office has been assigned to work with you. If you ever need to contact your assigned claims representative directly, please feel free to call them at (800) 435-7764; simply refer to your assigned claim number shown above. Your claims representative will be responsible for explaining the claims process to you, keeping you informed and ensuring that you understand your specific outcome. You can help us speed the process along by sharing all the details of your loss, providing requested documents as soon as possible and asking questions about any part of the process that is unclear to you. By this letter, we are advising you of your responsibility to take the necessary steps to protect your vehicle from further damages including avoiding unnecessary storage expenses.

For your convenience, you may obtain information about your claim online at our web site www.farmers.com within our "Manage My Policies" feature. Enrolling is simple and if you are already enrolled, enter your User ID and Password to obtain updates about your claim.

Our goal is to provide you with the best possible service, including a clear understanding of your claims process and outcome, and to respond promptly to your inquiries. Your claims representative is available to answer your questions and can be reached at (800) 435-7764. If you need emergency assistance after our normal business hours — 8 a.m. to 4:30 p.m. Monday through Friday — please call Farmers HelpPoint at (800) HelpPoint — (800) 435-7764.

Sincerely,

Farmers Texas County Mutual Insurance Company

PXRR60LD11



February 8, 2010

Mr. Tom Warwas
Po Box 5765
Lake Charles, LA 70606

Service request: 71-800293829
Vehicle Identification Number: 1G1YY26U475129317
Customer Relationship Specialist: Brandy

Dear Mr. Warwas:

Thank you for allowing us the opportunity to review the product allegation involving your 2007 Chevrolet Corvette. Unfortunately, our attempts to reach you by phone on February 4 and 5 were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days.

Please contact our Business Resource Center at 1-800-231-1841 Monday through Friday between 9:30 a.m. and 6:00 p.m., Eastern Time. Please refer to your service request number above when calling.

Sincerely,

General Motors

cc: FILE

PA0005
V10202009

PO BOX 189053
PLANTATION FL 33318-9053

Anne
Clt # 1013694191-1-11

800-567-1757
en Español 800-398-3975

July 16, 2009



TOMMY E WARWAS T5 P1 HRRG/001300 Y/AABB
PO BOX 5765
LAKE CHARLES LA 70606-5765



Re: **FST182 Insurance Denial**

PIN# 63130878

Dear Tommy E Warwas:

In response to a claim submitted for services provided on the date(s) listed below, your carrier has recently sent a denial letter. We ask that you **please remit full payment** at this time. (NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.)

Payment may be by credit card, check or money order. Just fill in your credit card information on the reverse, or enclose your check/money order **payable to the creditor**, along with the payment voucher below. The reply envelope provided needs no postage. Unless specified, your payment will be applied to the oldest balance first.

Thank you for your anticipated cooperation in this matter.

Best regards from,

Healthcare Revenue Recovery Group, LLC



Client Account: **0028 - 04315112**

Amount Enclosed \$ _____

Creditor	Account #	Regarding	Amt. Owed	ServDate
ACS PRIM CARE PHYS-LA,PC	0081840111-04315112	WARWAS, TOMMY E	727.00	03/15/09
ACS PRIM CARE PHYS-LA,PC	0081923555-04315112	WARWAS, TOMMY E	727.00	03/13/09

PAYMENT VOUCHER

PO BOX 5406
CINCINNATI OH 45273-7942
11111111111111111111111111111111

0 009436604 000145400 5

Partners in Physical Therapy

Patient Ledger

Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
WARTO000 Tom Warwas			(337)309-5945					
Last Payment: -85.41			On: 1/8/2010					
67033	10/22/2009	11		3303	97001	0910230000	LAG	200.00
67470	10/26/2009		Medicare was billed	3303	INSBILLED	0910230000	LAG	0.00
68596	10/28/2009	11		3303	97110	0910290000	LAG	90.00
68597	10/28/2009	11		3303	97140	0910290000	LAG	90.00
68753	10/29/2009	11		3303	97110	0910300000	LAG	90.00
68754	10/29/2009	11		3303	97140	0910300000	LAG	90.00
68843	10/30/2009		Medicare was billed	3303	INSBILLED	0910290000	LAG	0.00
69003	10/30/2009	11		3303	97110	0911020000	LAG	90.00
69004	10/30/2009	11		3303	97140	0911020000	LAG	90.00
69213	11/3/2009		Medicare was billed	3303	INSBILLED	0911020000	LAG	0.00
69612	11/2/2009	11		3303	97140	0911030000	LAG	90.00
69613	11/2/2009	11		3303	97110	0911030000	LAG	45.00
69614	11/2/2009	11		3303	97032	0911030000	LAG	32.00
69653	11/3/2009		Medicare was billed	3303	INSBILLED	0911030000	LAG	0.00
70054	11/2/2009		#317838184 Medicare	3303	MEDICARE	0910230000	LAG	0.00
70055	11/2/2009		Adjustment	3303	MEDICAREAD0910230000		LAG	-133.26
70958	11/5/2009		Carrier: BLU00 was billed	3303	INSBILLED	0910230000	LAG	0.00
71119	11/4/2009	11		3303	97140	0911060000	LAG	135.00
71120	11/4/2009	11		3303	97032	0911060000	LAG	32.00
71121	11/4/2009	11		3303	97010	0911060000	LAG	21.00
71122	11/5/2009	11		3303	97110	0911060000	LAG	90.00
71123	11/5/2009	11		3303	97140	0911060000	LAG	90.00
71167	11/6/2009		Medicare was billed	3303	INSBILLED	0911060000	LAG	0.00
72290	11/10/2009	11		3303	97110	0911110000	FAR	90.00
72291	11/10/2009	11		3303	97140	0911110000	FAR	90.00
72359	11/11/2009		Medicare was billed	3303	INSBILLED	0911110000	LAG	0.00
72852	11/13/2009	11		3303	A4556	0911160000	LAG	7.50
73017	11/12/2009	11		3303	97110	0911160000	LAG	90.00
73018	11/12/2009	11		3303	97140	0911160000	LAG	90.00
73120	11/13/2009	11		3303	97140	0911160000	LAG	90.00
73121	11/13/2009	11		3303	97110	0911160000	LAG	90.00
73200	11/17/2009		Medicare was billed	3303	INSBILLED	0911160000	LAG	0.00
74047	11/16/2009	11		3303	97140	0911170000	MBM	90.00
74048	11/16/2009	11		3303	97110	0911170000	MBM	45.00
74049	11/16/2009	11		3303	97032	0911170000	MBM	32.00
74208	11/17/2009		Medicare was billed	3303	INSBILLED	0911170000	LAG	0.00
74680	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910290000	LAG	-15.78
74681	11/18/2009		Carrier 1 Deductible -\$33.65	3303	DEDUCTIBLE	0910290000	LAG	0.00
74682	11/18/2009		Adjustment	3303	MEDICAREAD0910290000		LAG	-36.62
74683	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910290000	LAG	-39.52
74684	11/18/2009		Adjustment	3303	MEDICAREAD0910290000		LAG	-40.60
74685	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910300000	LAG	-42.70
74686	11/18/2009		Adjustment	3303	MEDICAREAD0910300000		LAG	-36.62
74687	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910300000	LAG	-39.52
74688	11/18/2009		Adjustment	3303	MEDICAREAD0910300000		LAG	-40.60

Dept 842 6083787310042
PO Box 4115
Concord, CA 94524



RRS RECEIVABLE RECOVERY SERVICES, L.L.C.

110 Veterans Blvd., Suite 445, Metairie, LA 70005
504-837-0116 * Fax 504-837-0376 * 800-459-0116

Return Service Requested



2076815
TOMMY E WARWAS
PO BOX 5765
LAKE CHARLES LA 70606-5765

RE: OUR LADY OF LOURDES
DATE: 04-08-10
ACCOUNT: 0917000091
BALANCE: \$59.00
PATIENT NAME: WARWAS, TOMMY E

NOTICE OF DEFAULT

Your account is seriously past due and payment in full is required.

We have been retained by the above creditor to present this claim on their behalf.

If you cannot pay this amount in full, please call our office to make suitable arrangements. If we do not hear from you, we will assume that you have no intention of paying this debt and proceed accordingly.

Our client's records indicate that the above balance is your responsibility. If you have health insurance covering these specific charges, please call us immediately with the information.

This bill may be reported to a credit reporting bureau if not paid in full within 45 days from the date we first received your account.

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor.

NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.



In order to credit your account properly, please return this bottom portion with your payment.



RE: OUR LADY OF LOURDES
DATE: 04-08-10
ACCOUNT: 0917000091
BALANCE: \$59.00
AMOUNT ENCLOSED: \$ _____

To pay online, please visit our website:
www.rrspay.com
Use Account #: 2076815

Receivable Recovery Services, LLC.
P.O. Box 7100
Metairie, LA 70010-7100



IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMEX, FILL OUT BELOW.

CHECK CARD USAGE FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP DATE	
DATE	PAY THIS AMOUNT	ACCOUNT #	
04-08-10	\$59.00	0917000091	
Card holder's phone #		SHOW AMOUNT PAID HERE \$	

TOMMY E WARWAS 2076815
PO BOX 5765
LAKE CHARLES LA 70606-5765

TRANSFINANCIAL COMPANIES

CREDIT RECOVERY AND MANAGEMENT SYSTEMS

Toll Free: (800) 611-7508 • (225) 767-5055

PO Box 80103
 Baton Rouge LA 70898-0103
 ADDRESS SERVICE REQUESTED

May 3, 2010

0003077827-H1A 329447675

***PERSONAL & CONFIDENTIAL***

Tommy E Warwas
 PO Box 5765
 Lake Charles LA 70606-5765

TRANSFINANCIAL COMPANIES

PO Box 80103
 Baton Rouge LA 70898-0103



Re: Our Client: Lake Charles Memorial Hospital
 Our File No.: TFC1-100005-0003077827
 Total Due: \$1,143.33

Past Due Balance

Detach Upper Portion And Return With Payment

Re: Our Client: Lake Charles Memorial Hospital
 Our File No.: TFC1-100005-0003077827
 Total Due: \$1,143.33

Insurance Form on Back

TransFinancial Companies (TFC) has been retained by Lake Charles Memorial Hospital to collect your past due account in the amount of \$1,143.33.

To amicably resolve this account, make your check or money order for \$1,143.33 payable to TransFinancial Companies, and mail to TransFinancial Companies, PO Box 80103, Baton Rouge LA 70898-0103.

If you wish to discuss your account or make installment payment arrangements, please contact one of our friendly account representatives.

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THIS PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR.

PURSUANT TO THE FAIR DEBT COLLECTION PRACTICES ACT (15 USC 1692G), UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF THIS OFFICE RECEIVES FROM YOU A REQUEST WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE NAMED CREDITOR.

To pay your bill online with an electronic check or a Visa/Mastercard debit or credit card, please go to
<http://paytransfinancialonline.com>.



2COTRAN01H1A

Partners in Physical Therapy

Patient Ledger

Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
WARTO000 Tom Warwas				(337)309-5945				
Last Payment: -85.41				On: 1/8/2010				
67033	10/22/2009	11		3303	97001	0910230000	LAG	200.00
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68597	10/28/2009	11		3303	97140	0910290000	LAG	90.00
68753	10/29/2009	11		3303	97110	0910300000	LAG	90.00
68754	10/29/2009	11		3303	97140	0910300000	LAG	90.00
68843	10/30/2009		Medicare was billed	3303	INSBILLED	0910290000	LAG	0.00
69003	10/30/2009	11		3303	97110	0911020000	LAG	90.00
69004	10/30/2009	11		3303	97140	0911020000	LAG	90.00
69213	11/3/2009		Medicare was billed	3303	INSBILLED	0911020000	LAG	0.00
69612	11/2/2009	11		3303	97140	0911030000	LAG	90.00
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69614	11/2/2009	11		3303	97032	0911030000	LAG	32.00
69653	11/3/2009		Medicare was billed	3303	INSBILLED	0911030000	LAG	0.00
70054	11/2/2009		#317838184 Medicare	3303	MEDICARE	0910230000	LAG	0.00
70055	11/2/2009		Adjustment	3303	MEDICAREAD0910230000		LAG	-133.26
70958	11/5/2009		Carrier: BLU00 was billed	3303	INSBILLED	0910230000	LAG	0.00
71119	11/4/2009	11		3303	97140	0911060000	LAG	135.00
71120	11/4/2009	11		3303	97032	0911060000	LAG	32.00
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71122	11/5/2009	11		3303	97110	0911060000	LAG	90.00
71123	11/5/2009	11		3303	97140	0911060000	LAG	90.00
71167	11/6/2009		Medicare was billed	3303	INSBILLED	0911060000	LAG	0.00
72290	11/10/2009	11		3303	97110	0911110000	FAR	90.00
72291	11/10/2009	11		3303	97140	0911110000	FAR	90.00
72359	11/11/2009		Medicare was billed	3303	INSBILLED	0911110000	LAG	0.00
72852	11/13/2009	11		3303	A4556	0911160000	LAG	7.50
73017	11/12/2009	11		3303	97110	0911160000	LAG	90.00
73018	11/12/2009	11		3303	97140	0911160000	LAG	90.00
73120	11/13/2009	11		3303	97140	0911160000	LAG	90.00
73121	11/13/2009	11		3303	97110	0911160000	LAG	90.00
73200	11/17/2009		Medicare was billed	3303	INSBILLED	0911160000	LAG	0.00
74047	11/16/2009	11		3303	97140	0911170000	MBM	90.00
74048	11/16/2009	11		3303	97110	0911170000	MBM	45.00
74049	11/16/2009	11		3303	97032	0911170000	MBM	32.00
74208	11/17/2009		Medicare was billed	3303	INSBILLED	0911170000	LAG	0.00
74680	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910290000	LAG	-15.78
74681	11/18/2009		Carrier 1 Deductible -\$33.65	3303	DEDUCTIBLE	0910290000	LAG	0.00
74682	11/18/2009		Adjustment	3303	MEDICAREAD0910290000		LAG	-36.62
74683	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910290000	LAG	-39.52
74684	11/18/2009		Adjustment	3303	MEDICAREAD0910290000		LAG	-40.60
74685	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910300000	LAG	-42.70
74686	11/18/2009		Adjustment	3303	MEDICAREAD0910300000		LAG	-36.62
74687	11/18/2009		#881294077 Medicare	3303	MEDICARE	0910300000	LAG	-39.52
74688	11/18/2009		Adjustment	3303	MEDICAREAD0910300000		LAG	-40.60

Partners in Physical Therapy

Patient Ledger

Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
79580	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0911030000	LAG	0.00
79754	12/4/2009	11		3303	97110	0912080000	FAR	90.00
79755	12/4/2009	11		3303	97140	0912080000	FAR	90.00
79804	12/8/2009		Medicare was billed	3303	INSBILLED	0912080000	LAG	0.00
80097	12/7/2009	11		3303	97140	0912090000	FAR	90.00
80098	12/7/2009	11		3303	97110	0912090000	FAR	90.00
80305	12/9/2009		Medicare was billed	3303	INSBILLED	0912090000	LAG	0.00
80539	12/9/2009	11		3303	97140	0912100000	FAR	135.00
80540	12/9/2009	11		3303	97035	0912100000	FAR	30.00
80589	12/10/2009		Medicare was billed	3303	INSBILLED	0912100000	LAG	0.00
81194	12/11/2009	11		3303	97110	0912140000	FAR	45.00
81195	12/11/2009	11		3303	97140	0912140000	FAR	135.00
81250	12/14/2009		Medicare was billed	3303	INSBILLED	0912140000	LAG	0.00
82539	12/14/2009	11		3303	97110	0912160000	LAG	90.00
82540	12/14/2009	11		3303	97140	0912160000	LAG	90.00
82579	12/16/2009		Medicare was billed	3303	INSBILLED	0912160000	LAG	0.00
82717	12/16/2009		#881313895 Medicare	3303	MEDICARE	0911240000	FAR	-42.70
82718	12/16/2009		Adjustment	3303	MEDICAREAD	0911240000	FAR	-36.62
82719	12/16/2009		#881313895 Medicare	3303	MEDICARE	0911240000	FAR	-39.52
82720	12/16/2009		Adjustment	3303	MEDICAREAD	0911240000	FAR	-40.60
82953	12/16/2009	11		3303	97110	0912170000	FAR	90.00
82954	12/16/2009	11		3303	97140	0912170000	FAR	90.00
82997	12/17/2009		Medicare was billed	3303	INSBILLED	0912170000	LAG	0.00
83267	12/18/2009	11		3303	97110	0912210000	MBM	45.00
83268	12/18/2009	11		3303	97140	0912210000	MBM	135.00
83543	12/21/2009		Medicare was billed	3303	INSBILLED	0912210000	LAG	0.00
83849	12/21/2009	11		3303	97110	0912220000	FAR	180.00
84626	12/21/2009		#881316957 Medicare	3303	MEDICARE	0912010000	LAG	-64.06
84627	12/21/2009		Adjustment	3303	MEDICAREAD	0912010000	LAG	-54.93
84628	12/21/2009		#881316957 Medicare	3303	MEDICARE	0912010000	LAG	-8.85
84629	12/21/2009		Adjustment	3303	MEDICAREAD	0912010000	LAG	-18.94
84679	12/22/2009		Medicare was billed	3303	INSBILLED	0912220000	LAG	0.00
84939	12/23/2009		Medicare was billed	3303	INSBILLED	0911160000	LAG	0.00
85682	12/28/2009		#881321166 Medicare	3303	MEDICARE	0912080000	FAR	-42.70
85683	12/28/2009		Adjustment	3303	MEDICAREAD	0912080000	FAR	-36.62
85684	12/28/2009		#881321166 Medicare	3303	MEDICARE	0912080000	FAR	-39.52
85685	12/28/2009		Adjustment	3303	MEDICAREAD	0912080000	FAR	-40.60
86922	1/4/2010		Patient statement was billed	3303	STMTBILLED	0910230000	LAG	0.00
87121	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912090000	FAR	-39.52
87122	12/31/2009		Adjustment	3303	MEDICAREAD	0912090000	FAR	-40.60
87123	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912090000	FAR	-42.70
87124	12/31/2009		Adjustment	3303	MEDICAREAD	0912090000	FAR	-36.62
87125	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912100000	FAR	-59.28
87126	12/31/2009		Adjustment	3303	MEDICAREAD	0912100000	FAR	-60.90
87127	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912100000	FAR	-8.85
87128	12/31/2009		Adjustment	3303	MEDICAREAD	0912100000	FAR	-18.94
87129	12/31/2009		#881323307 Medicare	3303	MEDICARE	0912140000	FAR	-21.35

Partners in Physical Therapy

Patient Ledger

Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
74910	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911020000	LAG	-42.70
74911	11/20/2009		Adjustment	3303	MEDICAREAD0911020000		LAG	-36.62
74912	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911020000	LAG	-39.52
74913	11/20/2009		Adjustment	3303	MEDICAREAD0911020000		LAG	-40.60
74914	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-39.52
74915	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-40.60
74916	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-21.35
74917	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-18.31
74918	11/20/2009		#881295610 Medicare	3303	MEDICARE	0911030000	LAG	-12.28
74919	11/20/2009		Adjustment	3303	MEDICAREAD0911030000		LAG	-16.65
75374	11/19/2009	11		3303	97110	0911240000	FAR	90.00
75375	11/19/2009	11		3303	97140	0911240000	FAR	90.00
75581	11/25/2009		Medicare was billed	3303	INSBILLED	0911240000	LAG	0.00
76416	11/30/2009	11		3303	NOSHOW	0912010000	LAG	25.00
76681	11/24/2009	11		3303	97110	0912010000	LAG	135.00
76682	11/24/2009	11		3303	97035	0912010000	LAG	30.00
77140	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-59.28
77141	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-60.90
77142	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-12.28
77143	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-16.65
77144	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-42.70
77145	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-36.62
77146	11/30/2009		#881299835 Medicare	3303	MEDICARE	0911060000	LAG	-39.52
77147	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-40.60
77148	11/30/2009		Adjustment	3303	MEDICAREAD0911060000		LAG	-21.00
77279	11/30/2009		#881303449 Medicare	3303	MEDICARE	0911110000	FAR	-42.70
77280	11/30/2009		Adjustment	3303	MEDICAREAD0911110000		FAR	-36.62
77281	11/30/2009		#881303449 Medicare	3303	MEDICARE	0911110000	FAR	-39.52
77282	11/30/2009		Adjustment	3303	MEDICAREAD0911110000		FAR	-40.60
78353	12/3/2009		Medicare was billed	3303	INSBILLED	0912010000	LAG	0.00
78780	12/3/2009		Patient statement was billed	3303	STMTBILLED	0911160000	LAG	0.00
79251	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-42.70
79252	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-36.62
79253	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-39.52
79254	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-40.60
79255	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-39.52
79256	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-40.60
79257	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911160000	LAG	-42.70
79258	12/4/2009		Adjustment	3303	MEDICAREAD0911160000		LAG	-36.62
79259	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-39.52
79260	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-40.60
79261	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-21.35
79262	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-18.31
79263	12/4/2009		#881305477 Medicare	3303	MEDICARE	0911170000	MBM	-12.28
79264	12/4/2009		Adjustment	3303	MEDICAREAD0911170000		MBM	-16.65
79575	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0910290000	LAG	0.00
79576	12/8/2009		Carrier: BLU00 was billed	3303	INSBILLED	0911020000	LAG	0.00



OUR LADY OF LOURDES
REGIONAL MEDICAL CENTER
Franciscan Missionaries of Our Lady Health System
611 ST. LANDRY STREET, LAFAYETTE, LA 70506

345500 345500 000861L
09:50026-mg Doc 11/7/14 Filed 05/14/12 Entered 05/15/12 15:11:03 Main Document
Pg 90 of 93

RETURN SERVICE REQUESTED

ACTIVITY STATEMENT DATE	TOTAL	ACCOUNT #
04/06/09		0906001024

F/C:BC

P/T:SER

OUR LADY OF LOURDES
PO BOX 90906
LAFAYETTE LA 70509

TOM WARWAS
P O BOX 5765
LAKE CHARLES LA 70606

014



PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DISCHARGE DATE
WARWAS, TOM	0906001024	03/01/09	03/31/09
DESCRIPTION			AMOUNT
761 TREATMENT ROOM			63.00
983 PRO FEE/CLINIC			22.00
TOTAL CHARGES			85.00
03/18/09 P0011 629 UPFRONT PATIENT PAYMENT			-20.00
TOTAL PAYMENTS/ADJUSTMENTS			-20.00
NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT PAYABLE BY YOUR HEALTH PLANS, YOU WILL BE RESPONSIBLE.			
INSURANCE NAME	GROUP #	POLICY	ACCOUNT BALANCE
300098 BCBS PPO			

Your Medicare Number: XXX-XX-2749A

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September 21, 2010



General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Cold and Flu Campaign

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

Prostate Cancer Awareness Month

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

ALERT: Coverage by Medicare is limited to \$1840 in 2009 and \$1860 for 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

NOTICE: Please send written appeal requests to: Medicare Redeterminations, Pinnacle Medicare Services, P.O. Box 8066, Little Rock, AR 72203-8066. Only appeals related correspondence sent to this address will be answered. For general inquiries, please call 1-800 MEDICARE.

Please send routine written inquiries to: General Medicare - BIC, P.O. Box 100297, Columbia, SC 29202-3297.

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ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be **assigned** or **unassigned**. Providers who accept **assignment** agree to accept the Medicare approved amount as total payment for covered services.

Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims, and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim

supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments.

Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.



Medicare Summary Notice

Page 1 of 4
September 21, 2010

TOMMY E WARWAS
P O BOX 5765
LAKE CHARLES LA 70606-5765

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-2749A

Pinnacle Medicare Services (#00528)

Call: 1-800-MEDICARE (1-800-633-4227)

Ask For Doctor Services

TTY for Hearing Impaired: 1-877-486-2048

Appeals Address: Please see the General Information Section.

BE INFORMED: Treat your Medicare Card as you would a credit card.

This is a summary of claims processed from 07/20/2010 through 08/25/2010.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-10211-264-120						
Acadian Ambulance Service IN, PO Box 92970, Lafayette, LA 70509-2970						a
07/09/10	1.0 ALS1-emergency (A0427-SH)	\$745.11	\$388.95	\$311.16	\$77.79	
07/09/10	5.0 Ground mileage (A0425-SH)	75.55	34.35	27.48	6.87	
	Claim Total	\$820.66	\$423.30	\$338.64	\$84.66	
Claim number 11-10189-141-290						
Jana P. Kaimal, MD, LLC, P O Box 4591, Lake Charles, LA 70606-4591						a
Referred by: Landry, Richard						
Dr. Kaimal, Janardana P. M.D.						
07/01/10	1.0 Office/outpatient visit, est (99213)	\$116.00	\$64.76	\$14.77	\$49.99	b

THIS IS NOT A BILL - Keep this notice for your records.

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